



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

March 10, 2003

FOR: FOOD STAMP CERTIFICATION MANUAL DISTRIBUTION

FOOD STAMP CERTIFICATION MANUAL – VOLUME V

TRANSMITTAL #55

This transmittal contains policy changes and clarifications for the Food Stamp Program. The transmittal contains one substantial policy provision authorized through the Food Stamp Reauthorization Act of 2002 which requires implementation effective April 1, 2003. This provision provides food stamp eligibility to immigrants who have been in the country lawfully for five years or more. This provision eliminates the evaluation of work quarters after five years instead of the ten-year period allowed under current regulations. The provision also eliminates the seven-year maximum receipt of benefits for many qualified immigrants.

The provisions of this transmittal are effective April 1, 2003. ADAPT reconfiguration for the immigrant change is complete and was moved into production on February 26, 2003 for actions effective April 1, 2003.

Guidance for maintenance of the manual follows. The manual and this transmittal is available on the Intranet at

http://www.localagency.dss.state.va.us/support/foodstamp/fs_manual.html and on the Internet at http://www.dss.state.va.us/benefit/fs_manual.html.

Remove Page(s)	Insert Page(s)	Significant Changes
Table of Contents Pages iii-vi	Table of Contents Pages iii-vi	Chapter titles were updated.
Part II Pages 1-4	Part II Pages 1-4	A clarification was added to note the requirement to accept applications by fax or electronically if agencies can receive them. A clarification was added about households' responsibility to cooperate during the quality control review year.

Remove Page(s)	Insert Page(s)	Significant Changes
Pages 19-21,	Pages 19-21	Typographical corrections were made.
Pages 25-26	Pages 25-26	A policy citation was corrected.
Part III Table of Contents	Part III Table of Contents	The Table of Contents was updated.
Pages 9-10,15-16	Pages 9-10,15-16	References to the State Date Exchange (SDX) were deleted as a system to be checked routinely. Workers should generally obtain information about Supplemental Security Income through the State Verification Exchange System.
Part VII Pages 9-10	Part VII Pages 9-10	The list of conditionally eligible qualified immigrants was expanded to include “Qualified Immigrants” who have been in the country for at least five years.
Appendix 1 Pages 3-4	Appendix 1 Pages 3-4	The minimum amount one must earn to receive Social Security work credits was increased from \$870 to \$890 per quarter.
Part IX Pages 1-2, 9-10	Part IX Pages 1-2, 9-10	Clarification was added to address funds held in Simplified Employer Pension Plans (SEP), 401(k), 403(b) or 501(c)(18) retirement plans. SEP Plans are countable resources while plans established under §401(k), 403(b) or 501(c)(18) of the Internal Revenue Code are exempt as available resources. This clarification changes the resource policy to count retirement funds if they were accessible to the household.
Part XI Pages 13-14	Part XI Pages 13-14	A clarification was added to the vendor payment exemptions. Vendor payments for housing will not count as income if they are paid through the Temporary Assistance for

Remove Page(s)	Insert Page(s)	Significant Changes
		Needy Families Program (TANF) through the U.S. Department of Housing and Urban Development.
Part XII Pages 7-12	Part XII Pages 7-12	The sponsored immigrant policy is rearranged to separate the exemptions allowed because of one's status as being indigent or because of being battered. These exemptions are valid for a 12-month period.
Part XIV Pages 15-16	Part XIV Pages 15-16	References to coupon allotments or repayment of a claim with coupons were deleted.
Part XVII Pages i-ii	Part XVII Pages i-ii	The Table of Contents was updated.
Pages 7-19	Pages 7-19	<p>The claims repayment policy was changed to note that the minimum amount for installment payments or repayment amounts from the household's Electronic Benefit must be at least the amount that would be received through allotment reduction.</p> <p>The Other Collection Actions section was changed to note that offsetting claims balances against state tax refunds or lottery winnings is no longer a last resort measure.</p> <p>A clarification was added to note that the agency must send households a disqualification notice when a household member commits an intentional program violation as determined by a court or through the administrative process.</p> <p>A documentation section was added to list the elements the local agency must document regarding the establishment, repayment and termination of claims.</p>

Remove Page(s)	Insert Page(s)	Significant Changes
Part XIX Pages 11-14	Part XIX Pages 11-14	References to the issuance manual and coupon allotments were deleted.
Appendix I Pages 1-2	Appendix I Pages 1-2	The address for legal assistance for the Roanoke Valley was changed.
Part XXIV Pages i-ii	Part XXIV Pages i-ii	The Table of Contents was updated.
Pages 22-25	Pages 22-25	The investment savings account question on the Eligibility Review Part B form was changed.
Pages 27-30	Pages 27-30	The savings account evaluation was expanded to include investment accounts on the Evaluation of Eligibility form.
Pages 50-51	Pages 50-51	The Financial Assistance and Medicaid sections were rearranged to add VIEW information and to delete a question about FAMIS. Some of the appeals information was transferred to the back of the form.
Pages 54-55	Pages 54-55	The manual version of the Notice of Expiration was replaced by the computer-generated version. Because the policy prohibits shortening certification periods, there should be very few instances in which the manual notice is used now.
Pages 86-87	Pages 86-87	The revised Benefit Tracking Sheet is added. The form was changed to include the prorated month exemption.
Pages 108-111	Pages 108-111	The ADAPT Verification Form was changed to expand the Good Cause and Disposition sections.

Remove Page(s)	Insert Page(s)	Significant Changes
Page 114	Page 114	The instructions for the ADAPT Verification Form were changed to correct a Medicaid Manual reference.
Part XXV Pages 13-14	Part XXV Pages 13-14	The address for worker's compensation claims for work experience participants was revised.
Index Pages 3-4	Index Pages 3-4	The Index was updated.



Jean Sheil
Deputy Commissioner
Program Operations

Attachment

PART VI HOUSEHOLD COMPOSITION (CONT.)

- B. Boarders
- C. Nonhousehold Members
- D. Head of Household

PART VII NONFINANCIAL ELIGIBILITY CRITERIA

- A. Nonfinancial Eligibility Criteria
- B. Residency
- C. Residents of Institutions
- D. Strikers
- E. Students
- F. Citizenship and Eligible Aliens
- G. Social Security Numbers

APPENDIX 1 - SSA Quarters of Coverage Verification Procedures for
Legal Immigrants

APPENDIX 2 - Systematic Alien Verification for Entitlement Programs

PART VIII EMPLOYMENT SERVICES AND VOLUNTARY QUIT/WORK REDUCTION

- A. Work Registration and Food Stamp Employment and Training
Program
- B. Voluntary Quit/Work Reduction
- C. Sanction Periods for Noncompliance

PART IX RESOURCES

- A. Resources
- B. Resource Limits
- C. Nonexempt Resources
- D. Vehicles

PART IX RESOURCES (CONT.)

- E. Exempt Resources
- F. Handling of Exempt Funds
- G. Transfer of Resources

PART X INCOME DEDUCTIONS

- A. Income Deductions
- B. Verification of Deductions

PART XI INCOME

- A. Income Eligibility Standards
- B. Countable Income
- C. Earned Income
- D. Special Income of Military Personnel
- E. Unearned Income
- F. Excluded Income
- G. Income of Excluded Household Members

PART XII SPECIAL INCOME DETERMINATIONS

- A. Self-Employment Income
- B. Boarders
- C. Sponsored Aliens
- D. Households with a Decrease in Income Due to Failure to Comply with Another Program's Rules
- E. Disqualified Individuals: Treatment of Income and Resources and Deductions
- F. Averaging Contract and Self-Employment Income
- G. Educational Benefits

PART XII SPECIAL INCOME DETERMINATIONS (CONT.)

H. Wages Held by an Employer

PART XIII ELIGIBILITY DETERMINATIONS AND BENEFIT LEVELS

A. Determining Household Eligibility and Benefit Levels

B. Evaluating Expenses

C. Computation of Income and Benefit Level

D. Proration of Benefits

PART XIV HANDLING CHANGES

A. Changes During the Certification Period

B. Advance Notice of Proposed Action

C. Adequate Notice

D. Odd Supplemental Allotments

APPENDIX 1 - Change Procedure Charts

PART XV WORK REQUIREMENT

A. General Provisions

B. Work Requirement Exemptions

C. Regaining Eligibility

APPENDIX 1 - Localities Whose Residents Are Exempted from the Work Requirement

PART XVI RESTORATION OF LOST BENEFITS

A. Restoration of Lost Benefits

B. Computing the Amount to be Restored

C. Method of Restoration

D. Restoring Benefits to Households not Residing in the Locality

PART XVI RESTORATION OF LOST BENEFITS (CONT.)

- E. Changes in Household Composition
- F. Record Keeping
- G. Disputed Benefits

PART XVII RECIPIENT CLAIMS

- A. Claims Against Household
- B. Types of Claims
- C. Calculating the Claim Amount
- D. Claim Establishment
- E. Initiating Collection Action
- F. Collection Methods
- G. Collecting IPV Claims
- H. Establishing and Collecting Claims From Aliens and/or their Sponsors
- I. Changes in Household Composition
- J. Determining Delinquency
- K. Terminating Collection
- L. Invalid Claims
- M. IPV Disqualification Penalties
- N. Documentation**
- O. Intrastate/Interstate Claims Collection
- P. Bankruptcy
- Q. Submission of Payments
- R. Disputed Claims
- S. Other Money Returns
- T. Claims Tracking System

A. APPLICATION PROCESSING

Application processing includes filing and completing an application form, interviewing, and verifying certain information. The local agency must act promptly on all applications and provide food stamp benefits retroactive to the month of application to those households that complete the application process and are eligible. An application may be an initial application, a reapplication, or a recertification.

This chapter contains the responsibilities of households and local agencies in the application process. Expedited service is available to households in immediate need. See Part V for instructions regarding expedited service processing.

B. FILING AN APPLICATION (7 CFR 273.2(c)(1))

Households must file an application for food stamps by submitting the form to the food stamp office either in person, through an authorized representative or by mail. Households may also file the application by fax or other electronic means to the extent that a local agency can receive such a filing. A copy of the application and instructions are contained in Part XXIV. The date the food stamp office receives the application will determine the length of time a local agency has to deliver benefits. For a resident of a public institution who jointly applies for SSI and food stamps before the release from the institution however, the food stamp application filing date will be the date of the applicant's release from the institution.

Each household has the right to file an application form on the same day it contacts the food stamp office during office hours. Local agencies must document the application filing date by recording on the application the date on which the food stamp office received the application. For joint SSI and food stamp applicants who file before leaving the institution, the application filing date the agency must record is the date of the applicant's release from the institution.

Households must normally apply for food stamp benefits for all persons who reside together and who purchase and prepare food together. In some instances, households may choose to exclude certain persons from the application process to avoid providing identifying information about these individuals. Such an instance might include a household with certain immigrant members who want to avoid the receipt of benefits in connection with their immigration status. Households may classify certain members as "nonapplicants" and omit providing Social Security numbers, immigration status and immigration control numbers. If an applicant classifies a mandatory household member as a nonapplicant, as per Part VI.A.2. (spouse, parent, child), the EW must determine the eligibility of the remaining household members using the income and resources of the nonapplicant in the same manner as disqualified members (Part XII.E.2.b). If the nonapplicant

is not a mandatory household member, the EW must not count any of the income or resources of the excluded person.

1. Agency Action for the Initial Contact

When a household contacts the local agency and expresses an interest in obtaining food stamp assistance, the agency must take the following steps:

- a. The agency must provide an application upon request or, if contacted by telephone, advise the household that it may obtain the form in the office or that it is available by mail. The agency must mail the application the same day it receives the telephone request.
- b. The agency must encourage households to file applications on the same day they contact the agency or when households indicate food insecurity. The agency must encourage telephone callers to return the completed application to the agency as soon as possible by mail or in person, **or by fax or electronically, to the extent the agency can receive it.**
- c. The agency must explain that the processing time and the amount of benefits the household will receive, if the household is eligible, will depend on the application date.
- d. The agency must explain that separate rules exist for the Food Stamp Program and other programs so that the household should apply even if other programs have limitations on the receipt of benefits.

During the process described above in this section, the agency may get information from potential applicants that indicates probable ineligibility. The agency may not deny persons contacting the food stamp office before they file an application and the agency must not discouraged households from filing food stamp applications. Persons expressing an interest in the Food Stamp Program must always have an opportunity to apply for program benefits and, if determined ineligible, to receive a written denial notice.

2. Agency Actions for the Application Filing Date

Once an applicant files an application, completed with at least the applicant's name, address, and signature, the local agency must take the following actions on the application filing:

- a. The agency must determine the household's entitlement to expedited service processing. The agency should screen for the expedited entitlement while applicants are present in the agency.

If the applicant is not present in the agency, agency staff must review the application on the day of receipt to determine the entitlement to expedited service processing. If the applicant did not sufficiently complete the application to allow the worker to do the expedited screening, the agency must attempt must to contact the household by telephone if a number is on the application. If the agency cannot contact the household within the seven days to obtain the necessary information, the EW must process the application under normal processing policies until further contact with the household allows a delayed screening for expedited processing to take place.

- b. The EW must complete the *Food Stamp Program - Hotline Information* form and provide it to each newly applying or reapplying household.

3. Subsequent Actions Required After Filing An Application

Once the agency receives an application, that contains at least the applicant's name, address and signature, the agency must complete the following actions as soon as possible:

- a. The agency must advise the applicant that the agency must conduct an in-office interview before certification. The agency must also advise the household of the interview scheduling hours for the agency.
- b. The agency must advise the applicant that the agency will waive the office interview if certain hardship conditions exist. The EW must make the determination whether to grant or deny an out-of-office interview.

4. Withdrawing An Application

The household may voluntarily withdraw its application at any time before the determination of eligibility. The local agency must document the case file as to the reason for withdrawal, if the household provides a reason, and that the agency made contact with the household to confirm the withdrawal. If the household makes the withdrawal in person or submits a written note from a responsible household member, the agency needs no further confirmation. The agency must advise the household of its right to reapply at any time after the withdrawal. The EW must send the *Notice of Action* to deny the application.

5. Contacting The Wrong Locality

If a household contacts the wrong local agency, the agency must give the household the address and telephone number of the appropriate office. The agency must also offer to forward the household's

application by mail or courier to the appropriate office that same day if the household completed enough information on the application to file. The agency must offer to forward the application, by fax or other means, the next day as long as the application gets to the receiving agency the same day. The agency must inform the household that the filing date and the processing standards will not begin until the appropriate office receives the application.

If the household mails its application to the wrong office, the agency must mail the application to the appropriate office on the same day. The agency may forward the application the next day by fax or any other means as long as the application gets to the receiving agency the same day. The normal processing time standards described in Part II.F. do not begin until the correct office receives the application, except when the Social Security Administration forwards the application and the household meets the expedited processing entitlement, as noted in Part II.H.2.b.

C. HOUSEHOLD COOPERATION (7 CFR 273.2(d))

If the household refuses to cooperate with the local agency in completing the application process, the EW must deny the application at the time of refusal. For the EW to determine that the household refused to cooperate, the household must be able to cooperate but clearly demonstrate that it will not take required actions that it can take to complete the application process.

Example

An applicant files an application. The EW notifies the applicant of the interview requirement and schedules an interview. The applicant must refuse the interview and not merely fail to appear for the interview in order for the EW to deny the application for refusal to cooperate.

If there is any question as to whether the household failed to cooperate or refused to cooperate, the EW must not deny the household for refusal to cooperate and the EW must assist the household, as appropriate.

The household will also be ineligible if it refuses to cooperate in any subsequent review of its eligibility, including reviews generated by reported changes and at recertification. Once denied or terminated for refusal to cooperate, the household may reapply but will not be eligible until it cooperates with the local agency. In addition, the household will be ineligible if it refuses to cooperate for a subsequent review of its eligibility as part of a quality control review. If the EW closes a household's case for refusal to cooperate with a quality control review, the household will not be eligible again until it cooperates with the quality control reviewer if the household reapplies **before the end of the quality control reporting year (generally January 3), regardless of the original sample month.**

- e. The SSA office must prescreen all applications for entitlement to expedited services on the day the SSA office receives the application. SSA must mark "expedited processing" on the first page of all applications that appear to be entitled to such processing. The SSA office must inform households that appear to meet the expedited service criteria that the household may receive the benefits sooner if the household applies directly with the food stamp office. The household may take the application from SSA directly to the food stamp office.

The local agency must prescreen all applications received from the SSA office for entitlement to expedited service on the day the correct agency receives the application. The local agency must certify all SSI households entitled to expedited services in accordance with Part V except that the expedited service processing time standard will begin on the date the correct agency receives the application.

- f. The local agency must ensure that households whose food stamp applications are forwarded by the SSA office are not already participating in the Food Stamp Program in any locality in the state.

g. If the SSA office takes the SSI application or redetermination by telephone from a member of a pure SSI household, SSA must also complete the food stamp application during the telephone interview. In these cases, the food stamp application must be mailed to the applicant for signature. The household may return the application to the SSA office or to the local agency. If the SSA office receives the application, it must then forward the application to the social services agency. The local agency may not require the household be interviewed again and the agency may not contact the household in order to obtain additional information except for those reasons indicated in item c. above.

- h. SSA must send information to SSI recipients being redetermined for SSI by mail to inform them of the right to file a food stamp application at the SSA office (if they are members of a pure SSI household) or at their local food stamp office. SSA must also notify SSI recipients of their right to an out-of-office food stamp interview performed by the local agency if the household is unable to appoint an authorized representative.

- i. If the SSA office sends the application to the wrong agency, the local agency must forward the application to the correct agency within one working day. The incorrect mailing will not affect processing time standards except as indicated in Item b. above, when the household is entitled to expedited services.
- j. Recertification - Any household that may apply at the SSA for initial certification has the right to recertify at the SSA office also, regardless of whether the application for initial certification was taken at the SSA office or not. As in the case of application for initial certification, SSA will interview the applicant, obtain any readily available verification, complete a transmittal form, and send this material to the correct local agency.

In order to be eligible for uninterrupted benefits, however, the applicant must file his application for recertification at the SSA office on or before the date on the Notice of Expiration.

The local agency may not reverify information obtained and documented by SSA unless questionable or insufficient.

3. Categorical Eligibility for PA Households (7 CFR 273.2 (j)(2))

- a. Any household in which all members receive or are authorized to receive a cash payment from the TANF, Maintenance GR or SSI Program is eligible for food stamps regarding income and resources. Any household in which at least one person receives or is authorized to receive services funded through the TANF block grant also will be categorically eligible regarding income and resources. See the PA Case in Definitions. Food stamp eligibility will not be extended if the entire household is residing in an institution or the entire household is disqualified for any reason from receiving food stamps or if the household fails to meet other nonfinancial criteria as contained in Part VII.

Residents of public institutions who jointly apply for SSI and food stamps before release from the institution will not be categorically eligible when SSA determines potential SSI eligibility before the release. These individuals will be categorically eligible when SSA makes a final SSI determination and the individual leaves the institution.

Eligibility and allotment determinations for food stamps require that local agencies must evaluate the information provided by households. Categorically eligible households are subject to the same verification requirements as other households. However, categorically eligible households meet the following eligibility factors without additional verification:

- 1) Resource limits
- 2) Gross and net income limits
- 3) Social Security number information
- 4) Sponsored alien information, provided information exists in the PA case
- 5) Residency

If any of the following factors are questionable, the EW must verify that the household that is categorically eligible:

- 1) Contains only members that are TANF, Maintenance GR, or SSI recipients or that at least one member receives a TANF-funded service;
- 2) Meets the household definition in Part VI.A.;
- 3) Includes all persons who purchase and prepare food together in one food stamp household, regardless of whether or not they are separate units for the public assistance program purposes; and,
- 4) Includes no persons as provided in Part II.H.3.b. below.

For purposes of determining categorical eligibility, any household in the TANF program, that is suspended for TANF or that is entitled to zero benefits under the TANF program will be a TANF household.

At the time of food stamp recertification, categorical eligibility will continue, even if the TANF review is not complete.

- b. Households in which all members receive TANF, Maintenance GR or SSI or at least one member receives a TANF-funded service will not be categorically eligible if:

- 1) Any member who would normally participate with the household has been disqualified for an intentional program violation.
- 2) The head of household failed to comply with work registration or employment and training requirements; or,
- 3) The head of the household voluntarily quits or reduces work without good cause. (Part VIII.B)

The agency must handle these households using all normal Food Stamp Program rules and procedures.

- c. A disqualified or ineligible **person** who resides with the household and who would normally be included with the household for food stamp participation will not cause the remainder of the household to lose categorical eligibility, as long as the remainder of the household meets the definition in Part II.H.3.a. of this chapter. The remaining household is eligible if the disqualified or ineligible person is excluded because the person is:

- 1) an ineligible alien (Part VII.F.);
- 2) an ineligible student (Part VII.E.);
- 3) a resident of a nonexempt institution (Part VII.C.);
- 4) disqualified for failure to apply for a social security number (Part VII.G);
- 5) disqualified for violating probation or parole or for fleeing prosecution or imprisonment (Part VI.C.2.f);
- 6) disqualified because of a felony drug conviction (Part VI.C.2.g);
- 7) ineligible because of failure to comply with a work registration or employment and training requirement by a person other than the head (Part VIII); or
- 8) ineligible because of the work requirement (Part XV)

- b. A client applies for SSI on 11/10. He does not want to apply for food stamps at that time. On 12/3 he changes his mind and files a food stamp application. He would be ineligible for food stamps according to NA standards.

- 1) Suppose SSI determines the household eligible for a money payment on 12/30.

Because the household was determined eligible for SSI within the 30 day food stamp application processing time frame, the household is considered categorically eligible back to 12/3, the date of the food stamp application.

- 2) Suppose as of 1/2, the SSI determination is pending. The agency chooses to deny the food stamp application on the 30th day.

On 2/9, the household informs the agency that SSA approved SSI benefits retroactive to November. The agency reinstates the original food stamp application and provides food stamp benefits back to 12/3. That date is the later of the SSI effective date or the food stamp application date.

5. Categorical Eligibility and Benefit Level

Once the agency determines a household's entitlement to benefits, the EW must determine the benefit level. Other eligibility factors described in this manual apply to categorically eligible households in determining the benefit amount. The agency must prorate benefits for the initial month based on the application date. The following additional criteria apply:

- a. Any one or two person household is entitled to at least \$10, regardless of net food stamp income, except when benefits for the initial month prorate to less than \$10. There will be no issuance in this instance.
- b. Any household of four or more receive benefits if its net income entitles it to a benefit of \$2.00 or more on the appropriate allotment table, even if its net food stamp income is above the maximum for its household size.
- c. The agency must deny or terminate any categorically eligible household entitled to zero Food Stamp benefits.

4/03

VOLUME V, PART II, PAGE 26

I. AUTHORIZED REPRESENTATIVES (7 CFR 273.2(n))

The head of the household, spouse or any other responsible member of the household may designate an authorized representative to act on behalf of the household in making application for the Program or in using the food stamp benefits. In the event that the only adult living with a household is classified as a nonhousehold member (as defined in Part VI.C.), that individual may be the authorized representative for the minor household members. If households designate employers, growers, crew chiefs, etc. as authorized representatives for farm workers or when any single authorized representative has access to a large number of EBT cards, the EW should exercise caution to assure that the household freely requested the help of the authorized representative, the authorized representative is accurately stating the household's situation, and the authorized representative is properly using the food stamp benefits.

1. Making Application

When the head of the household or the spouse cannot file an application, another household member may apply or the household may designate an adult nonhousehold member as the authorized representative for that purpose. The head of the household or the spouse should prepare or review the application whenever possible, even though another household member or the authorized representative will actually be interviewed. The local agency must inform the household that the agency will hold the household liable for any overissuance that results from erroneous information given by the authorized representative, except as specified in Part II.I.5. regarding participation by residents of drug addict/alcoholic treatment and rehabilitation centers.

Households may designate adults who are nonhousehold members as authorized representatives for certification purposes only under the following conditions:

- a. The head of the household, spouse, or another responsible member of the household may designate the authorized representative in writing by the; and,
- b. The authorized representative is an adult who is sufficiently aware of relevant household circumstances.

The EW may determine on a case-by-case basis the frequency with which the agency requests the written designation at a subsequent recertification. The EW may request the household's written designation at the recertification application as often as deemed necessary.

PART III

VERIFICATION/DOCUMENTATION

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	VERIFICATION	1
1.	Mandatory Verification	1
	Residency	1
	Identity	1-2
	Gross Nonexempt Income	2
	Citizenship and Immigration Status	2
	Shelter Expenses	2-3
	Dependent Care Expenses	3
	Resources	3
	Loans	3
	Medical Expenses	3-4
	Social Security Numbers	4
	Disability	5
	Child Support Payments	6
2.	Verification of Questionable Information	6-7
3.	Sources of Verification	7-9
	Documentary Evidence	7
	Collateral Contacts and Home Visits	8-9
4.	Checklist of Needed Verifications	9
B.	RESPONSIBILITY FOR OBTAINING VERIFICATION	10-11
C.	DOCUMENTATION	11-12
D.	VERIFICATION AT RECERTIFICATION	12-13
E.	VERIFICATION OF NONEXEMPT RESOURCES	13
1.	Verification of Liquid Resources	13
2.	Verification of Nonliquid Resources	14-16
	Fair Market Value of Vehicles	14-15
	Fair Market Value of Real Property	15
	Income Producing Property	15-16
F.	INCOME ELIGIBILITY VERIFICATION SYSTEM (IEVS)	16
APPENDIX I	SUGGESTED CLIENT LETTER ON SSN UPDATE	1
APPENDIX II	REMAINDER INTEREST TABLE	1-2

for failure to verify necessary information.

When the EW contacts the collateral contact, the EW must not disclose that the household applied for benefits or share any of the information provided by the household. In addition, the EW may not suggest wrongdoing by the household. The EW may disclose to the collateral contact only that information the contact needs to supply the information the agency seeks.

Systems of records to which an agency has routine access are not collateral contacts and, therefore, the household does not need to designate them. Examples include APECS, BENDEX, SDX, VEC, DMV or the SVES inquiry system.

Before approval of the initial application/reapplication, home visits may serve as verification but only if the agency cannot obtain documentary evidence. The EW must schedule the visit in advance with the household for a time that is acceptable to the household.

Upon approval of the application, the requirements for selection of a collateral contact by the household and advance notification of the collateral contact or home visit no longer apply when deemed necessary for the investigation of a possible overissuance. Documentation is necessary before making the collateral contact or home visit as to the information received that indicates the possibility of an overissuance. For example, after the agency approves an application, the agency may make a home visit without advance notification if an anonymous caller identified an additional household member. The investigation may be to evaluate the possibility of an overissuance that already occurred or to prevent an overissuance from occurring in the future.

Home visits deemed necessary for front-end or preventative investigations are not subject to advance notification and scheduling requirements with the household. Inconsistencies in a household's circumstances may warrant preventative investigations.

4. Checklist of Needed Verifications

The agency must provide a checklist that informs each applying household of the verifications the agency needs to process the application and the date by which the household must provide information. The agency must provide the checklist for each new application, reapplication and recertification application filed.

B. RESPONSIBILITY FOR OBTAINING VERIFICATION (7 CFR 273.2(f)(5))

The household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information. Unless verification is readily available to the household,

the household is not responsible for providing verification of reported unearned income for which verification is accessible to the local agency through systems of records. These records include APECS, SVES, and the VEC inquiry of unemployment benefits. **The agency should access the SDX system only as an alternate method when an applicant's Social Security Number is not available or when the SVES record is unavailable. The screener must document the case record to note why the SDX system was used and why SVES was not used.**

In addition to using certain information systems to verify income, the agency must review all systems available to determine the accuracy of information presented on applications for food stamps. This screening of systems for each household member must take place before the approval of all applications. Systems that must be evaluated include those listed above and DMV and VEC (for employment). The agency may need to use either the household member's name or Social Security number to conduct the screenings. The agency must resolve discrepancies noted between the completed application and automated reports before the approval of the application.

The local agency must assist the household in obtaining requested verifications provided the household is cooperating with the agency as outlined in Part II.C. Households may supply documentary evidence in person, through the mail, by facsimile or other electronic means, or through an authorized representative. The local agency may not require the household to present verification in person at the food stamp office. The agency must accept any reasonable documentary evidence provided by the household. The focus of the agency must be primarily on how adequately the verification proves the statements on the application.

Whenever a collateral contact must substitute for documentary evidence because documentary evidence is not available, the local agency must generally rely on the household to provide the name of a collateral contact. The household may request assistance in designating a collateral contact. The local agency is not required to use a collateral contact designated by the household if the collateral contact cannot provide accurate third party verification. When the collateral contact designated by the household is unacceptable, the local agency must ask the household to designate another collateral contact or the local agency must designate the collateral contact itself. The local agency is responsible for obtaining verification from acceptable collateral contacts.

There may be instances when outside knowledge of an application for food stamps may jeopardize the employment or safety of the applicant. For example, an employer or a migrant farmworker's crew leader may discourage a household's participation in the Food Stamp Program. In such instances, the agency must determine that the crew leader and/or employer are unavailable as sources of verification. The eligibility worker may contact only those persons designated as collateral contacts with the permission of the client. In the absence of documentary evidence and any other source of verification, the EW must determine the amount to use for certification

If a new vehicle is not yet listed in the blue book, the wholesale value must be determined through a car dealer or some other reliable source.

b. Fair Market Value of Real Property

The "fair market" value of real property will be that value shown by the county/city tax assessor's office prorated at 100%. If the county/city tax assessor's office assesses property at less than 100% of value, the EW must take the assessed value provided by the tax assessor's office and divide it by the percentage at which that office assesses property.

Example

A county assesses real property at 40% of value. The assessed value of a particular piece of property is shown as \$800. To find the "fair market value" divide \$800 by 40%.

$$800 \div .40 = 2000$$

The EW will show the fair market value of the property as \$2000.

The fair market value of property of which another person has life rights is determined by the proportional remaining interests of the owner. Appendix II, Part III contains a table which is to be used for calculating the property's value for the person without the life estate.

If a household challenges the amount calculated as the fair market value, it must be allowed to provide information acceptable to the local agency which indicates a more proper value to be used.

c. Income Producing Property

When it is necessary to determine if property is producing income consistent with its fair market value, the EW may contact local realtors, local tax assessors, the Small Business Administration, Farmer's Home Administration, or other sources to determine the prevailing rate of return, e.g., square foot rental, for similar usage of real property in the area.

If the EW determines that the property is not producing income consistent with its fair market value, for instance, the property is being leased for a token payment, such property

would be counted as a resource. However, if the property was leased for a return that was comparable to other property in the area leased for similar purposes, it would be considered as producing income consistent with its fair market value and would not be considered a resource.

F. INCOME ELIGIBILITY VERIFICATION SYSTEM (IEVS) (7 CFR 273.2(f)(9))

The Income Eligibility Verification System (IEVS) provides information by running matches of the client population against the files of other state and federal agencies. These include:

- the Social Security Administration for earnings information from the Benefit Exchange Earnings Records (BEERS);
- the Virginia Employment Commission for new hire information; and
- the Internal Revenue Service for unearned income, such as interest (RES).

The purpose of the matches is to determine whether available information is known to local social services departments.

Information from IEVS matches is considered unverified. Prior to taking action to terminate, deny or reduce benefits, agencies must independently verify the amount of the asset or income involved, and whether the asset or income is or was accessible to the household.

The agency must obtain independent verification of information obtained from IEVS by contacting the household and/or the appropriate source of the income or resource. If the agency opts to contact the household, the contact must be in writing, informing the household of the information received, and requesting that the household respond within 10 days. If the household fails to respond in a timely manner, the agency must send an advance notice to terminate the case. The agency may contact the appropriate source of the information. Once independent verification is provided, either by the household or source, the agency must properly notify the household of the action it intends to take and provide the household with an opportunity to request a fair hearing prior to any adverse action.

received to count as a qualifying quarter. For this provision, public benefits are TANF, SSI, Medicaid and the Food Stamp Programs and the food assistance block grant program in Puerto Rico.

Quarters earned by the spouse of the permanent resident immigrant during the marriage, provided they are still married to each other, may be counted. Quarters earned by parents, including step- or adoptive parents, of a permanent resident immigrant before the alien turns 18, may be counted toward the qualifying minimum for the immigrant, including any quarters earned prior to a child's birth.

- g. Native Americans entitled to cross the border of the United States into Canada or Mexico. This group comprises persons born in Canada to whom INA Section 289 applies or members of an Indian tribe, as defined in Section 4(e) of the Indian Self-Determination and Education Assistance Act.
- h. Highland Laotians and Hmong tribe members who are lawfully residing in the United States and who were part of a Highland Laotian or Hmong tribe between August 5, 1964 and May 7, 1975 when such tribes assisted U.S. personnel. The unmarried dependent children, spouse, and the unremarried surviving spouse of such individuals are also eligible.

Immigrants who originally had refugee, asylum, Amerasian, or Cuban-Haitian designations or who had their deportations withheld (items a-e), but who subsequently gain permanent resident status, must continue to be certified for food stamps under the original designation. **Note that after being in the country for five years, these immigrants will be eligible for food stamps indefinitely. See the conditional eligibility section below.**

2. Conditional Eligibility of Immigrants

- a. The following categories of immigrants are eligible to participate in the Food Stamp Program provided they also meet a qualified category in subsection b:
 - 1. **An individual who has been in the United States as a qualified immigrant for five years or more from the date of entry.**
 - 2. Veterans with honorable discharges for reasons not related to alien status and persons who are on active duty in the Armed Forces of the United States, other than training. To be an eligible veteran, one must have served a minimum of 24 months or the period for which the person was called to active duty. The term veteran

includes military personnel who die during active duty served in the Philippine Commonwealth Army during World War II or as Philippine Scouts following the war.

The spouse or unmarried dependent child of a veteran or person on active duty is also eligible. The surviving spouse of a deceased veteran or of an individual who died while on active duty is also eligible. Eligibility of the surviving spouse is allowed provided the spouse has not remarried and that the marriage was for at least one year, or that they were married before the end of a 15-year period following the end of the period of military service in which the injury or disease was incurred or aggravated; or, that they were married for any period if a child was born of the marriage or was born before the marriage.

3. An individual who receives payments or assistance for blindness or disability, as defined in Definitions.
 4. An individual lawfully residing in the U.S. on August 22, 1996 and who was 65 years of age or older at that time.
 5. A child under 18 years of age who was lawfully residing in the U.S. on August 22, 1996.
- b. A qualified immigrant is one who is:
1. a lawful permanent resident;
 2. a refugee admitted under INA Section 207;
 3. an asylee admitted under INA Section 208;
 4. one whose deportation is being withheld under INA Section 243(h) or 241(b)(3);
 5. a parolee admitted under INA Section 212(d)(5) and the status is granted for at least one year;
 6. a conditional entrant admitted under INA Section 203 as in effect as of April 1, 1980;
 7. a battered spouse or child, as established by INS and the agencies providing benefits that a substantial connection exists between the battery and the need for benefits;
 8. a Cuban or Haitian entrant; or
 9. an Amerasian immigrant.

4/03

VOLUME V, PART VII, APPENDIX 1, PAGE 3

Establishing Quarters

The term "quarter" means the 3-calendar-month periods ending with March 31, June 30, September 30 and December 31 of any year.

Social Security credits (formerly called "quarters of coverage") are earned by working at a job or as a self-employed individual. A maximum of 4 credits can be earned each year.

For 1978 and later, credits are based solely on the total yearly amount of earnings. All types of earnings follow this rule. The amount of earnings needed to earn a credit increases and is different for each year. The amount of earnings needed for each credit and the amount needed for a year in order to receive four credits are listed below.

Year	Quarter Minimum	Annual Minimum	Year	Quarter Minimum	Annual Minimum
1978	\$250	\$1000	1991	\$540	\$2160
1979	\$260	\$1040	1992	\$570	\$2280
1980	\$290	\$1160	1993	\$590	\$2360
1981	\$310	\$1240	1994	\$620	\$2480
1982	\$340	\$1360	1995	\$630	\$2520
1983	\$370	\$1480	1996	\$640	\$2560
1984	\$390	\$1560	1997	\$670	\$2680
1985	\$410	\$1640	1998	\$700	\$2800
1986	\$440	\$1760	1999	\$740	\$2960
1987	\$460	\$1840	2000	\$780	\$3120
1988	\$470	\$1880	2001	\$830	\$3320
1989	\$500	\$2000	2002	\$870	\$3480
1990	\$520	\$2080	2003	\$890	\$3560

A current year quarter may be included in the 40 quarter computation. Use the current year amount as the divisor to determine the number of quarters available.

If you need to use quarters before 1978:

- A credit was earned for each calendar quarter in which an individual was paid \$50 or more in wages (including agricultural wages for 1951-1955);
- Four credits were earned for each taxable year in which an individual's net earning from self-employment were \$400 or more; and/or
- A credit was earned for each \$100 (limited to a total of 4) of agricultural wages paid during the year for years 1955 through 1977.

12/96

VOLUME V, PART VII, APPENDIX 1, PAGE 4

Social Security Administration

Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number
------	---------------	------------------------

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

___ Social Security Number
___ Identifying information (includes date and place of birth, parents' names)
___ Monthly Social Security benefit amount
___ Monthly Supplemental Security Income payment amount
___ Information about benefits/payments I received from _____ to _____
___ Information about my Medicare claim/coverage from _____ to _____
specify) _____
___ Medical records
___ Record(s) from my file (specify) _____

___ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

SSA-3288

10/02

VOLUME V, PART IX, PAGE 1

A. RESOURCES (7 CFR 273.8)

Resources include both liquid and nonliquid assets. Households must report all resources (both exempt and nonexempt) held by its members at the time of application and any the members expect to receive during the certification period. The eligibility worker must document these assets in sufficient detail to permit verification, if needed. The household's resources at the time of the interview shall be used to determine whether or not its assets are below the maximum allowable resource limit.

The value of any nonexempt resource, except for licensed vehicles as specified in Part IX.D, will be its equity value. Equity is defined as the fair market value minus encumbrances, i.e., contract amount owed, not the current payoff amount. The fair market value is the amount the resource would bring if for sale or rent on the current market.

B. RESOURCE LIMITS

The household's total nonexempt resources (liquid and nonliquid) may not exceed:

- \$3,000 if household contains at least one member age 60 or older or one who is disabled, as defined in Definitions.
- \$2,000 for all other households.

The resource limits do not apply to considered categorically eligible PA households or members. See Part II.H.3.

C. NONEXEMPT RESOURCES

Resources used to determine eligibility include:

1. Liquid assets, such as, but not limited to:

- a. Cash on hand.
- b. Money in accounts. "Account" means a contract of deposit of funds between a depositor and a financial institution. This includes checking accounts, savings accounts, certificates of deposit, share accounts (i.e., credit union accounts), or like arrangements.
- c. Stocks or bonds.

- d. Lump sum payments, such as income tax refunds, rebates or credits, lump sum insurance settlements, refunds of security deposits on rental property or utilities, retroactive lump sum SSA, Public Assistance, Railroad Retirement benefits, or other payments.

Lump sum payments also include gambling winnings, and accumulated vacation or sick pay of terminated employees received in one installment.
- e. Funds in a trust or transferred to a trust except as stated in Part IX.E.12.e.
- f. Funds held in individual retirement accounts (IRAs), **Simplified Employer Pension Plans (SEPs)** or KEOGH plans that do not involve the household member in a contractual relationship with individuals who are not household members. The countable amount of the IRA, **SEP** or includable KEOGH plan will be the total cash value of the account or plan, minus the amount of penalty (if any) that would be exacted for the early withdrawal of the entire amount in the account or plan.
- g. After the month of receipt and following months have passed, earned income tax credits whether received as a tax refund or periodically throughout the year. (Such payments are excluded as a resource for the month of receipt and the following month.) (Admin Notices A-15-89 and A-19-91)

NOTE: When determining the amount of nonexempt liquid resources to be counted, especially bank accounts, do not consider any amount which is to be counted as income for the same month. For example, if an applicant claims that he deposited his Social Security check into a checking account, and a deposit in an amount equal to the client's check is identified, the portion of the checking account to be counted as a resource would be the account balance minus the amount of this deposit.

Joint bank accounts, i.e., Part IX.C.1.b. above, are presumed to belong, during the lifetime of all parties, to the parties in proportion to their net contributions, except that a joint account between persons married to each other shall belong to them equally (half and half). Except for persons married to each other, each party's net contribution to the account can be established by signed statements from all parties.

10/02

VOLUME V, PART IX, PAGE 9

E. EXEMPT RESOURCES

Resources that are not considered in determining eligibility include (7 CFR 273.8(e)):

1. The home and surrounding adjoining property, regardless of acreage, is exempt as long as property owned by others does not separate the adjoining property from the home. Public rights of way, such as roads that run through the surrounding property and separate it from the home, will not affect the exemption of the property. This exemption will also apply to any buildings or trailers on this property. If income is received from the use of this property or buildings or trailers on it, however, the money received will count as income to the household unless otherwise exempt.

Temporary absences from the home due to illness, vacation, employment, training for future employment, or uninhabitability caused by casualty or natural disaster will not affect the exempt status of the home as long as the household intends to return. A mobile home owner will qualify as owning a home and be granted this exemption status, regardless of lot ownership. The agency may not impose time limits on these absences from the home, as long as the household intends to return.

If employment reasons cause a household to reside in more than one locality and maintain a home in each locality, only the home in the locality where the household applies is exempt. The second residence will count as a resource to the household.

2. Households that currently do not own a home, but own or are purchasing a lot on which they intend to build or are building a permanent home, will receive an exemption for the value of the lot and, if it is partially completed, for the home. No specific time limit applies to this exemption, as long as the household states its intention to build at a future date.

To be considered as currently owning a home, and therefore not eligible for the exemption, a household must own both the domicile and lot where it presently resides. Therefore, a household that owns a mobile home but pays monthly rent for the lot where it is parked does not fit the definition of owning a home, and would receive an exemption for one lot on which it intended to build or was building a permanent home or on which it intended to move the mobile home.

Households that have purchased or are purchasing a mobile home, but who have not moved it to a lot or other site will have the value of the mobile home exempted although the household is not living in it. The household cannot own the home in which it is currently living and receive this exemption. Further, the household must state its intention to move in.

3. Household goods, such as furniture and appliances, and personal effects, such as clothing and jewelry, are exempt. All tools are exempt, whether or not they are essential to the employment or self-employment of a household member.
4. One burial plot per household member is exempt. In addition, the value up to \$1500 of one bona fide funeral agreement per household member is exempt. Any value of a funeral agreement in excess of \$1500 is countable.
5. Cash value of life insurance policies is exempt.
6. Funds in pension or retirement plans are exempt as long as the funds are not withdrawn. **These plans may include 401(k), 403(b), 501(c)(18) and KEOGH plans that involve an obligation with someone outside of the food stamp household.** Funds withdrawn at the time of retirement count as income.

The following plans are not exempted from consideration and are countable resources: KEOGH Plans where there is no contractual relationship with individuals outside of the food stamp household; Individual Retirement Accounts (IRAs); **and Simplified Employer Pension Plans (SEPs).** See Part IX.C.1 to determine the countable value.

7. Resources of an ineligible student will not count in determining eligibility. (See Part VII.E.)
8. Vehicles

Certain licensed or unlicensed vehicles are entirely exempt. Refer to Part IX.D.1 and Part IX.D.4 for a complete discussion of vehicles in these categories.

1. PA vendor payments, excluding GR vendor payments

Vendor payments from PA programs, other than GR, are excluded as income if they are made for:

- a. Medical assistance
- b. Child care assistance
- c. Energy assistance
- d. Emergency assistance
- e. Special and emergency assistance, not specifically excluded by other provisions of this section, made over and above the normal grant.
- f. Emergency TANF vendor payments on behalf of a migrant or seasonal farmworker household while the household is in the job stream.

2. GR Vendor Payments

Except for some vendor payments for housing, GR vendor payments are excluded as income. A housing vendor payment is counted as income unless the payment is for:

- a. Utility costs
- b. Energy assistance
- c. Housing assistance from a state or local housing authority
- d. Special and emergency assistance, not specifically excluded by other provisions of this section, made over and above the normal grant.
- e. Emergency GR vendor payments on behalf of a migrant or seasonal farmworker household while the household is in the job stream.

3. HUD Vendor Payments

Rent or mortgage payments made by the Department of Housing and Urban Development (HUD) to landlords or mortgagees are excluded. **This includes TANF payments for housing made through HUD.**

4. Educational Assistance Vendor Payments

Educational assistance paid on behalf of households for living expenses must be treated the same as educational assistance payable directly to the household.

5. Vendor Payments that are Reimbursements

Vendor payments which are also in the form of reimbursements are excluded.

6. Demonstration Project Payments

In-kind or vendor payments which would normally be excluded as income but which are converted, in whole or in part, to a direct cash payment under a federally authorized demonstration project or a waiver of federal law provisions are excluded.

7. Other Third-Party Payments

Money which is legally obligated and otherwise payable to the household shall be counted as income and not excluded as vendor payments when they are diverted to a third party by the provider of the payment for a household expense. Court-ordered support or alimony payments and wages are examples of payments which must be counted as income regardless of diverted payments to third parties.

4. Infrequent or Irregular Income

Any income in the certification period which is received too infrequently or irregularly to be reasonably anticipated, but which is not in excess of \$30 in a calendar quarter.

B. BOARDERS (7 CFR 273.11(b))

The income of households owning and operating a commercial boarding house is handled as self-employment income under Part XII.A.2 and 3. A commercial boarding house is an establishment licensed as a commercial enterprise that offers meals and lodging for compensation. In localities without licensing requirements, a boarding house is as a commercial establishment that offers meals and lodging for compensation with the intent of making a profit. The number of boarders residing in a boarding house is not used to determine if a boarding house is a commercial enterprise.

For all other households containing boarders, the income from the boarders must be calculated following the procedures in this chapter. See Part VI.B. to determine boarder status.

1. Income from the Boarder

The income from boarders must include all direct payments to the household for room and meals, including payments to the household for part of the shelter expenses. Shelter expenses paid by boarders directly to someone outside the household (such as a landlord or utility company) are not counted as income to the household.

2. Cost of Doing Business

To determine the net amount of countable income from a boarder the EW must deduct the cost of doing business from the gross monthly income figure.

The cost of doing business is equal to one of the following:

- a. If the household takes more than two meals per day, the amount of the maximum coupon allotment for a household size that is equal to the number of boarders; or,
- b. if the household takes two meals or less per day, the amount equal to two-thirds of the maximum coupon allotment for a household size that is equal to the number of boarders; or,
- c. the actual documented costs of providing room and meals, if they are higher than the appropriate coupon allotment.

The allowable cost of doing business may never exceed the amount the household receives from the boarder. If actual costs are used, only separate and identifiable costs of providing rooms and meals to the boarders are allowed.

4/03

VOLUME V, PART XII, PAGE 8

3. Earned Income Deduction

The 20% earned income deduction as defined in Part X.A.2. will be allowed for all income from boarders. The net boarder payment must be added to all other earned income before allowing the 20% deduction.

C. SPONSORED IMMIGRANTS (7 CFR 273.4(c))

Affected Groups

All immigrants granted U.S. visas based on family connections and some employment-based immigrants must have a sponsor in order to obtain permanent residency. The sponsor must execute an affidavit of support on behalf of the immigrant to demonstrate financial responsibility for the immigrant.

This chapter applies to persons who file visa applications on or after December 19, 1997, and for persons who file for an adjustment of status on or after December 19, 1997.

Individual sponsors must document that they have the capacity to financially support and maintain an immigrant, generally at 125 percent of the federal poverty level. The sponsor must execute a legally enforceable affidavit of support, INS Form 864, on behalf of each immigrant. The sponsorship affidavit also requires an agreement to reimburse agencies for any means-tested public benefits obtained by the sponsored immigrant.

The agency must evaluate the provisions of this chapter for immigrants who are eligible for food stamps as permanent resident immigrants with 40 quarters of work credited to them (Part VII.F.1.f.) and for permanent residents who are conditionally eligible for food stamps if they meet a qualified status (Part VII.F.2.).

Exemptions

The provisions of this chapter do not apply to the following groups:

- Immigrants without sponsors. This group includes persons who entered the United States without an individual sponsor who signed a legally binding affidavit of support. These immigrants include refugees, asylees, persons whose deportation is withheld, Amerasians and Cuban/Haitian entrants.
- Immigrants whose sponsors signed affidavits of support before December 19, 1997 or persons whose sponsors have not signed a legally enforceable affidavit of support.

- Immigrants who would be indigent would be indigent without food stamps or other public assistance in that the household's income, including any assistance from the sponsor, is insufficient to provide food or shelter. Indigence here means that the household's own income and any direct cash or in-kind contribution from the sponsor or others do not exceed the gross income level for the household's size. The only income the agency may deem from the sponsor for a 12-month renewable period is the amount the sponsor actually provides if the immigrant is indigent. The local agency must report the immigrant and sponsor's names to the U.S. Attorney General if an immigrant is determined to be indigent.

This exemption will last for one year from the date of the indigence determination. The agency may renew the indigence determination for additional 12-month periods.

- An immigrant determined to be a battered spouse, child or parent or subject to extreme cruelty in the U.S. The person must be living separately from the batterer. This exemption covers any 12-month period. The exemption may be extended for additional 12-month periods if the immigrant shows that a court, administrative order or the Immigration and Naturalization Service recognizes the battery and if the local social services agency determines the battery has a substantial connection to the receipt of food stamps.

1. Computing the Countable Income of Sponsors

A portion of the monthly income of the sponsor and the sponsor's spouse, if he or she executed the affidavit of support, must be considered in determining the eligibility and benefit level of the household of which a sponsored immigrant is a member. The agency must make the determination as follows:

- a. Calculate the earned income of the sponsor and the sponsor's spouse.
- b. Deduct the 20% earned income deduction from this amount.
- c. Add the unearned income of the sponsor and the sponsor's spouse.
- d. Deduct the gross income eligibility limit for the size of the sponsor's household including any person who is claimed or could be claimed by the sponsor or the sponsor's spouse as a dependent for federal income tax purposes.
- e. The remainder is the countable income for the sponsored immigrant for food stamp purposes.

If the immigrant has already reported gross income information about the sponsor for the sponsored alien rules for TANF, that income amount may be used for food stamps. Allowable deductions are limited to the 20% earned income deduction and the food stamp gross monthly income amount stated above.

If a sponsored immigrant can demonstrate to the local agency's satisfaction that the sponsor is responsible for other immigrants, the income deemed here must be divided by the number of sponsored immigrants.

Money paid to the immigrant by the sponsor (or the sponsor's spouse) will not count as income unless the amount paid exceeds the amount attributed to the immigrant under Part XII.C.1.a.

Examples

- Sponsor's income attributed to immigrant \$100
Amount paid directly to the immigrant by
the sponsor for an "odd job" \$ 60

This \$60.00 amount will not count as income to the immigrant's household.

- Sponsor income attributed to immigrant \$100
Amount paid directly to the immigrant by
the sponsor for an "odd job" \$120

The \$20.00 over the \$100 attributed income is countable income to the immigrant's household.

2. Computing Countable Resources of Sponsors

Resources of the sponsor and the sponsor's spouse count towards the immigrant household. The total amount of the sponsor's and spouse's nonexempt resources must be reduced by \$1500. If a sponsored immigrant can demonstrate to the local agency's satisfaction that the sponsor is responsible for other immigrants, the resources counted here must be divided by the number of sponsored immigrants that apply for or are participating in the Food Stamp Program.

3. Termination of the Sponsor's Obligation

The evaluation and use of the income and resources of the sponsor and spouse of the sponsor must continue toward the food stamp eligibility and benefit level of the immigrant until the immigrant becomes a U.S. citizen. The evaluation of the sponsor's obligation will also terminate when the immigrant can be credited with 40 quarters of work coverage, provided the immigrant received no public benefits for any quarter beginning January 1997. (See Part VII.F. for a discussion of qualifying quarters of work.)

Other conditions that will cause the sponsor's support obligation to end are the death of either the sponsored immigrant or the sponsor, or instances when the immigrant leaves the country or no longer holds permanent resident status.

4. Responsibilities of the Sponsored Immigrant

For a period of three years from the immigrant's date of entry or date of admission as a lawful permanent resident, the immigrant is responsible for:

- a. obtaining the cooperation of the sponsor;
- b. providing information or documentation necessary to calculate the countable income and resources of the sponsor at application and recertification; and,
- c. providing the names or other identifying information about immigrants for whom the sponsor has signed an agreement to support to enable the local agency to determine how many of these sponsored immigrants are Food Stamp Program applicants or recipients so that the sponsor's attributable income and resources can be divided by the number of such immigrants.

If information about other immigrants for whom the sponsor is responsible is not provided, the attributable income and resource amounts will be attributed to the immigrant in their entirety until the information is provided.

The immigrant is also responsible for:

- reporting the required information about the sponsor and sponsor's spouse if a different sponsor is obtained during the certification period; and,
- reporting a change in income should the sponsor or the sponsor's spouse change or lose employment, or die during the certification period. These changes must be handled according to the timeliness standards in Parts XIV.A.

The household is primarily responsible for obtaining the information or verification needed to determine the sponsor's or spouse's income and resources but, the agency must provide assistance in accordance with Part III.B.

6/01

VOLUME V, PART XII, PAGE 12

5. Reimbursement Procedures

After food stamp benefits are issued to a sponsored immigrant, the local agency must pursue collection of the amount of benefits issued. The local agency may lump together the amount of all public benefits issued by the agency instead of pursuing separate collections for each program. Legal and other collection costs may be included in the reimbursement requests.

The agency must exclude any sponsor who is participating in the Food Stamp Program from the reimbursement procedures.

The request for reimbursement must be sent to the sponsor by personal service and must include the following:

- a. Date of the sponsor's affidavit or support;
- b. Sponsored immigrant's name;
- c. Immigrant's registration number;
- d. Address of the immigrant;
- e. Immigrant's date of birth;
- f. Type of public benefit received;
- g. Date(s) benefits received; and,
- h. Total amount of benefits received.

The request for reimbursement must advise the sponsor to respond within 45 days of the request by paying the requested amount or by arranging a payment plan that is satisfactory to the agency.

If the sponsor does not respond to the reimbursement request, the agency may file a civil suit against the sponsor at the end of the 45-day period. If a final judgment is obtained against the sponsor, the agency must mail a certified copy of the judgment and a cover letter containing the reference "Civil Judgment for Congressional Report - 213A(i)(3)IIRIRA" to:

Immigration and Naturalization Service
Statistics Branch
425 I Street NW
Washington, D.C. 20536

C. ADEQUATE NOTICE

The time for providing adequate notice of a change in benefits is by the time the changed benefits are received by the household, or, if benefits are terminated, by the time the benefits would have been received had the case not been closed. The *Notice of Action* is to be used for this purpose. The form and instructions for its use are in Part XXIV.

In the following situations, while an advance notice is not required, adequate notice is necessary when:

1. Certain mass changes take place (see Part XIV.A.4.).
2. A waiver to an *Advance Notice of Proposed Action* is signed because continuing the original **benefit amount** will result in a claim for which the household may be required to repay. The EW must explain to the household that it is the household's choice whether or not to sign the waiver.
3. A household is converted from cash and/or **a voluntary benefit** repayment of a claim to benefit reduction. (See Part XVII.F.).
4. Benefit reduction is invoked when a participating household responds to a demand letter by requesting renegotiation of the repayment schedule but the agency determines renegotiation is not warranted. (See Part XVII.F.)
5. The person is a resident of a drug or alcoholic treatment center or group living arrangement and the facility loses its FNS authorization or its certification from the appropriate State or local agency.

Note: Residents of group living arrangements applying on their own behalf are still eligible to participate.
6. A household member is disqualified for fraud, or the benefits of the remaining household members are reduced or terminated to reflect the disqualification of that household member.
7. The local agency determines, based on reliable information, that the household will not be residing in the locality as of the first day of the next month unless the provisions of Part XIV.A.7 apply.
8. A certified household's address is unknown and mail has been returned by the post office indicating no known forwarding address.
9. A household files a timely request for a fair hearing and requests continuation of benefits in response to a prior notice to reduce or terminate benefits.

D. ODD SUPPLEMENTAL ALLOTMENTS

There will be occasions when a household is entitled to an odd allotment of \$1.00, \$3.00, or \$5.00. This can occur when a household reports a change that requires that a supplemental allotment be given (Part XIV.A.), when a replacement allotment is given because stamps were reported as destroyed (Part XVIII), when restoration of lost benefits is given (Part XVI.A.), or when an allotment reduction calculation results in an entitlement to \$1.00, \$3.00 or \$5.00 (Part XVII.F.).

When an EW determines entitlement to a \$1.00, \$3.00, or \$5.00 allotment, the authorization document must reflect the higher even dollar amount. The EW must document the case record to explain the discrepancy. In an allotment reduction situation, the amount credited toward the claim must reflect the higher even dollar amount that was issued.

Example

A household is eligible for a \$13 allotment. The allotment reduction formula requires \$10 to be recouped. However, \$13 minus \$10 equals \$3, which must be raised to \$4 for issuance purposes. The agency therefore posts a \$9 allotment reduction (\$13 minus the \$4 actually issued equals a \$9 reduction).

PART XVII

RECIPIENT CLAIMS

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	CLAIMS AGAINST HOUSEHOLDS	1
B.	TYPES OF CLAIMS	1
	1. Agency Error (AE) Claims	1
	2. Inadvertent Household Error (IHE) Claims	1
	3. Intentional Program Violation (IPV) Claims	1
	a. Referral for Prosecution	2
	b. Referral for Administrative Disqualification Hearing (ADH)	2
C.	CALCULATING THE CLAIM AMOUNT	3
	1. Claims Not Related to Trafficking	3
	2. Trafficking Claims	5
D.	CLAIM ESTABLISHMENT	5
	1. Claim Thresholds	5
	2. Liable Persons	5
E.	INITIATING COLLECTION ACTION	6
	1. Demand Letters	6
	2. Compromising Claims	7
F.	COLLECTION METHODS	7
	1. Allotment Reduction	7-8
	2. Lump Sum Payments	8
	3. Installment Payments	8
	4. Electronic Benefits Transfer Accounts	8-9
	5. Offsets to Restored Benefits	9
	6. Public Service	9
	7. Treasury's Offset Programs (TOP)	9
	8. Other Collection Actions	9-10
	9. Unspecified Collections	10
	10. Overpaid Claims	10
G.	COLLECTING IPV CLAIMS	10-11
H.	ESTABLISHING AND COLLECTING CLAIMS FROM ALIENS AND/OR THEIR SPONSORS	11
I.	CHANGES IN HOUSEHOLD COMPOSITION	11-12
J.	DETERMINING DELINQUENCY	12

PART XVII

RECIPIENT CLAIMS (CONTD)

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
K.	TERMINATING COLLECTION	12-13
L.	INVALID CLAIMS	13
M.	IPV DISQUALIFICATION PENALTIES	13
	1. IPV Penalties	13
	2. Reporting Procedures	14
	3. Imposition of Penalties	15-16
	4. Use of Disqualified Recipient Subsystem Prior to Certification	16-17
N.	DOCUMENTATION	17
O.	INTRASTATE/INTERSTATE CLAIMS COLLECTION	17
P.	BANKRUPTCY	17-18
Q.	SUBMISSION OF PAYMENTS	18
R.	DISPUTED CLAIMS	18-19
S.	OTHER MONEY RETURNS	19
T.	CLAIMS TRACKING SYSTEM	19

If the household requests renegotiation and the local agency concurs with the request, the household may negotiate a new payment schedule. Both the local agency and the household have the option to initiate renegotiation of the payment schedule if they believe that the household's economic circumstances have changed enough to warrant such action.

If a participating household agrees to repay the claim by making installment payments, and does not submit a payment by the specified due date, the local agency must invoke allotment reduction.

2. Compromising Claims

If it can be reasonably determined that the household's economic circumstances dictate that the claim will not be paid in three years, the local agency may compromise the claim, or any portion of the claim, by reducing it to an amount that will allow the household to pay the claim in three years. The local agency may use the full amount of the claim, including any amount compromised, to offset a restoration of lost benefits. The local agency may reinstate any compromised portion of the claim, if the claim becomes delinquent. The local agency must document the reason for the compromise.

F. COLLECTION METHODS (7 CFR 273.18(f)&(g))

1. Allotment Reduction (7 CFR 273.18(g)(1))

A household may choose to have its food stamp allotment reduced to repay a claim. However, the local agency must implement allotment reduction against a participating household unless the household is making regular payments in an amount greater than the amount that could be recovered through allotment reduction or another household is already having its allotment reduced for the same claim.

Prior to reduction, the local agency must inform the household orally or in writing of the appropriate formula for determining the amount of food stamps to be recovered each month and the effect of that formula on the household's allotment, i.e., the amount of food stamps the local agency expects will be recovered each month.

For an AE or an IHE claim, the amount of the reduction must be limited to 10% of the allotment or \$10, whichever is greater, unless the household agrees to a higher amount. For an IPV claim, the amount of the reduction must be limited to 20% or \$20, whichever is greater, unless the household agrees to a higher amount. The *Repayment Agreement* must be used to document the household's request for a higher allotment.

The local agency may not reduce the initial month's allotment at application or reapplication unless the household agrees to the reduction. The local agency must document this agreement.

The local agency or State agency may not use involuntary collection methods, such as state or federal offsets, against individuals in a household that is having its allotment reduced.

2. Lump Sum Payments (7 CFR 273.18(g)(4))

The local agency must accept any payment for a claim, whether it represents full or partial payment. The payment may be made with paper food coupons, cash, check, money order, credit or debit card. The local agency does not have to accept a credit or debit card if the local agency does not have the capability to accept these types of payments. The local agency must retain appropriate documentation of the payment. The local agency must destroy any food coupons or coupon books and retain documentation of the destruction.

3. Installment Payments (7 CFR 273.18(g)(5))

The local agency may accept installment payments as the result of a negotiated repayment agreement. The repayment agreement must include a due date for the payments. The payments may be made by paper food coupons, cash, check, money order, credit or debit card. The local agency does not have to accept a credit or debit card if the local agency does not have the capability to accept these types of payments. **Unless a court order prohibits it, a certified household must make installment payments in an amount that is equal to or greater than the amount that is recoverable through allotment reduction.** The local agency must retain appropriate documentation of the payments. The local agency must destroy any coupons or coupon books and retain documentation of the destruction.

If the household does not submit a payment in accordance with the terms of its negotiated repayment agreement, the claim will be considered delinquent and subject to additional collection actions. If the household is participating in the program, allotment reduction must be invoked.

4. Electronic Benefit Transfer (EBT) Accounts (7 CFR 273.18(g)(2))

The local agency must allow a household to pay its claim using benefits from its EBT account. At the household's request, this reduction may be used in addition to allotment reduction or other repayment methods. **If a certified household chooses EBT account deduction as the primary collection method, the monthly payment must be equal to or greater than the amount that is recoverable through allotment reduction, unless a court order prohibits it.**

The local agency must obtain written permission from the household in order to collect from a household's active EBT account. The household should complete the *Repayment Agreement* form to note permission for a one-time or monthly payment from the EBT account. The agency must send the household a receipt of each transaction.

The local agency may collect from a household's dormant EBT account (between 91 and 364 days of inactivity), but only after the agency mails the household a notice about a deduction from the EBT account. The agency may use the *Notice of Deduction from an Inactive EBT Account* form. Unless the household notifies the local agency within 20 days of the notice that it does not want its dormant EBT account reduced, the local agency may collect from this account.

After 365 days of inactivity, the local agency must also use any benefits expunged from the household's EBT account to offset the amount of the claim. This offset may be done at any time during the collection process. The local agency does not need the household's permission to apply expunged benefits to a claim but the agency must send the household a receipt to note the claim reduction. The agency may use the *Notice of Deduction from an Inactive EBT Account* form as the receipt

5. Offsets to Restored Benefits (7 CFR 273.18(g)(3))

The local agency must reduce any restored benefits owed to a household by the amount of any outstanding claim. This offset may be done at any time during the collection process.

6. Public Service (7 CFR 273.18(g)(7))

The local agency may accept public service as a form of payment, but only if a court orders the public service specifically in lieu of paying the claim. The local agency, in conjunction with the court, should set the hourly rate for the work performed. The local agency must retain appropriate documentation.

7. Treasury's Offset Programs (TOP) (7 CFR 273.18(n))

The State agency must refer eligible claims that are delinquent for six months or more to TOP for offset against any eligible Federal payment, including, but not limited to, federal tax refunds, salaries of federal employees and retirement benefits. Claims will be submitted to TOP in accordance with the Department of Treasury's instructions.

8. Other Collection Actions (7 CFR 273.18(g)(8))

The local agency may employ involuntary collection action to collect delinquent claims against non-participating households. These

actions include, but are not limited to, civil action, to include wage garnishments and/or liens against property, referral to public or private collection agencies, **and** the repayment of claims by offsetting the balance against state tax refunds or lottery payments.

9. Unspecified Collections

When funds are received for a combined public assistance/food stamp claim and the household does not specify to which claim to apply the collection, each program must receive its pro rata share of the amount collected.

10. Overpaid Claims

If a household overpays a claim, the household must be provided a refund as soon as possible after the over-collection is discovered, unless the over-collection is attributed to an expunged EBT benefit. The method of refund will depend on what caused the overcollection. For example, an overcollection due to allotment reduction will be refunded by a restoration to the household.

G. COLLECTING IPV CLAIMS

When a household member is found to have committed an IPV by a court of appropriate jurisdiction, the local agency must request the matter of restitution be brought before the court. If the court mandates restitution, the amount of the claim against the household will be established by the court, even if the amount of restitution ordered is less than the amount of the original claim. The court order to repay will serve as the household's demand letter.

If the court does not rule on restitution, or the IPV was established by an ADH, or the household member waived his/her right to an ADH, the local agency must initiate collection action by sending the household the demand letter, *Request for Repayment of Extra Food Stamps (IPV)* and a *Repayment Agreement*, unless:

- The household has repaid the overpayment as a result of an IHE demand letter; or,
- The local agency has documentation that shows the household cannot be located.

An IPV demand letter and a repayment agreement must also be sent for any unpaid or partially paid IPV claim, even if the household has previously received an IHE demand letter.

The local agency should pursue other collection action to obtain restitution against any household that fails to respond to a written demand letter for repayment of any IPV claim if the claim cannot be collected through direct payment or allotment reduction, unless the agency can determine that other means are generally not cost effective.

If an individual who was court ordered to repay the overpayment does not pay as ordered, the local agency should advise the local prosecutor or the probation office, as appropriate.

H. ESTABLISHING AND COLLECTING CLAIMS FROM ALIENS AND/OR THEIR SPONSORS
(7 CFR 273.11(j)(8))

Any sponsor of an alien and the alien are both liable for the repayment of any overpayment which occurred as a result of incorrect information provided by the sponsor, unless the sponsor establishes good cause or was without fault for providing the incorrect information. It is the sponsor's responsibility to establish good cause to the satisfaction of the local agency.

If the sponsor does not establish good cause, the local agency must initiate collection action by sending the sponsor the appropriate initial demand letter and a repayment agreement. If the sponsor does not respond to the demand letter, the local agency may pursue other collection actions, as appropriate, to obtain payment of the claim. If the sponsor responds to the demand letter, the collection procedures described in Part XVII F. must be followed.

The sponsor is entitled to a fair hearing to contest a determination that the sponsor was at fault in providing incorrect information or to contest the amount of the claim.

If the sponsor does establish good cause, the local agency must initiate collection action by sending the household the appropriate initial demand letter and repayment agreement. If the household responds to the demand letter, the collection procedures described in Part XVII F. must be followed. If a participating household does not respond to the demand letter within 20 days of the date on the letter, allotment reduction must be invoked. If a non-participating household does not respond to the demand letter, the local agency may pursue other collection action as appropriate, to obtain payment of the claim.

I. CHANGES IN HOUSEHOLD COMPOSITION (7 CFR 273.18(g)(1)(vii))

If a household's membership has changed since the overpayment occurred, the local agency may pursue collection action against any household which has a

4/03

VOLUME V, PART XVII, PAGE 12

member who was an adult member of the household that received the overpayment. The agency may also offset the amount of the claim against restored benefits owed to any household which has a member who was an adult member of the original household at the time the overpayment occurred. See Part XVI.B.5. for the process to apply amounts due for restoration against outstanding claims.

The local agency may also pursue collection from any individual liable for the claim that is not currently a member of a participating household that is undergoing allotment reduction.

J. DETERMINING DELINQUENCY (7 CFR 273.18(e)(5))

A claim must be considered delinquent if:

- the claim has not been paid by the due date on the initial demand letter or repayment agreement and a satisfactory payment arrangement has not been made; or
- a payment arrangement has been established and a scheduled payment, either no payment or one in a lesser amount, has not been made by the due date on the repayment agreement.

The claim will remain delinquent until payment is received in full, a satisfactory payment agreement is negotiated or allotment reduction is invoked.

A claim will not be considered delinquent if:

- another claim for the same household is currently being paid, either through an installment agreement or allotment reduction, and the local agency expects to begin collection on the claim once the prior claim(s) is paid in full; or
- the local agency is unable to determine delinquency status because collection is coordinated through the court or probation office; or
- a fair hearing has been requested and a hearing decision has not been rendered.

K. TERMINATING COLLECTION (7 CFR 273.18(e)(8))

A claim must be terminated for a non-participating household, or any of its adult members, if the claim meets any of the following criteria:

4/03

VOLUME V, PART XVII, PAGE 13

1. All adult members of the household are dead and there are no plans by the local agency to pursue collection from the estate; or
2. A claim has an outstanding balance of \$25 or less and no payment has been made for 90 days or more; or
3. No payments have been received in three years and the claim has not been referred to TOP. If the claim has been referred to TOP and no payments have been received through TOP in three years, the claim must be terminated; or
4. The household cannot be located, unless the claim has been referred to TOP. If the claim has been referred to TOP, the local agency may keep the claim active until the claim meets criteria #3, listed above; or
5. A claim has been discharged through bankruptcy; or
6. A claim has been transferred to another state for collection.

A claim against a participating or a non-participating household must also be terminated if there is insufficient information or documentation to substantiate that the claim was properly established or to determine the correctness of the balance due. Properly established means that an initial demand letter was mailed or a court ordered repayment.

The local agency must document the reason for the termination.

L. INVALID CLAIMS

A claim found to be invalid through a fair hearing, the ADH process, a court determination, or discovered as erroneously established by the State or local agency, must be deleted from the claims tracking system.

M. IPV DISQUALIFICATION PENALTIES (7 CFR 273.16(b))

1. IPV Penalties

Individuals found to have committed an IPV, either by a court of appropriate jurisdiction or by an ADH or, who waived their right to an ADH, are ineligible to participate in the Food Stamp Program for:

- a. One year for the first violation;
- b. Two years for the second violation; and,
- c. Permanently for the third violation.

d. Ten years for a determination that fraudulent statements or representations of identity or residency were made to receive benefits in more than one household at the same time. The ten-year penalty does not apply when a household fails to report a move to the agency at a former address.

An individual may receive more than one IPV by violating two or more unrelated program rules, such as change reporting and trafficking, during the same time period.

In addition to these disqualification penalties, individuals may be disqualified from the program for other program violations. Individuals will be disqualified for two years for a finding by a court that they used food stamps to purchase illegal drugs. A second court finding regarding these purchases will result in permanent disqualification from the program.

Individuals will be permanently disqualified from the program based on a court finding that food stamps were used to purchase firearms, ammunition, or explosives, even if it is the first such finding.

A conviction of trafficking in food stamps of \$500 or more will also result in the permanent disqualification of the individual.

2. Reporting Procedures (7 CFR 273.16(i))

The Disqualified Recipient Report (DRR) will be used by local agencies to report information concerning individuals disqualified for an IPV. The disqualification may be based on an ADH, a conviction by a court of appropriate jurisdiction, or a waiver to an ADH. The DRR must be completed even for actions for which a claim is not established.

The completed DRR must be sent to:

Virginia Department of Social Services
Fraud Unit
730 East Broad Street
Richmond, VA 23219-1849

The DRR is to be submitted so that it is received within 20 days of the effective date of disqualification. The data from the DRR will be transmitted by the State to the Disqualified Recipient Subsystem (DRS).

In cases where the disqualification for IPV is reversed by a court of appropriate jurisdiction, or was submitted in error, the agency must submit a revised DRR to delete the information relating to the disqualification.

3. Imposition of Disqualification Penalties

To determine the appropriate disqualification penalty to impose on an individual who has been found to have committed fraud or an IPV, the local agency must access the DRS to see if there is a record of other IPV rulings for individual household members. The DRS data will be accessed by telephone and the Voice Response Unit (VRU). Specific procedures are contained in the VRU Instruction Manual.

One or more IPV disqualifications that occurred before April 1, 1983, will be considered as only one previous disqualification when determining the appropriate penalty to impose in a case under consideration.

When DRS is used to determine the disqualification penalty for an individual found to have committed an IPV, the local agency must verify the information with the Locality Contact provided by the DRS. A verbal confirmation from the Locality Contact may be accepted for the initial assessment, but documentation, which supports the prior disqualification(s), must be obtained before a final determination is made of the length of the penalty.

The actual number of prior disqualifications is used to determine the penalty for new IPV's, not the disqualification number that a State or a Virginia locality has assigned to the offense. Only the individual found guilty of IPV is disqualified, not the entire household.

If a court fails to impose a disqualification period for the IPV or fraud conviction, the local agency must impose the disqualification penalties described in this chapter unless it is contrary to the court order. If disqualification is ordered by the court, but a date for initiating the disqualification period is not specified, the individual must be disqualified beginning with the first month which follows the date of the court decision.

If a hearing officer rules that the household member has committed an IPV, that member must be disqualified beginning with the first month which follows the date the household member received written notification of the hearing decision. If the household member signed a waiver to an ADH, that member must be disqualified beginning with the first month which follows the date the signed waiver was received by the agency.

For disqualifications resulting from a court decision or the Administrative Disqualification Hearing process, the local agency must send the Notice of Disqualification to the household informing the household of the length, reason and starting date of the disqualification reason. The local agency must maintain a copy of the report.

A local agency may not lengthen the disqualification period after it has been imposed by judicial decision, ADH, or waiver. Once a disqualification penalty has been imposed, the period of disqualification must continue uninterrupted until completed, regardless of the eligibility of the disqualified member's household. If an additional IPV is determined for a person who is already serving a disqualification period, the new disqualification period(s) must begin before the original period expires so that the disqualification periods run concurrently.

If the local agency determines the household member is currently serving a disqualification imposed by another locality within Virginia or imposed by another state, the local agency must calculate how much time is remaining in the disqualification period before adding the person to the case as an active household member. If a month or more remains in the disqualification period, the local agency must disqualify the household member for the remainder of the disqualification period.

If the agency fails to impose the disqualification within the timeframes described above, an AE claim must be established for the months the individual should have been disqualified. An IHE claim must be established if the agency discovers that a member has participated during a disqualification period imposed by another locality or state.

4. Use of DRS Prior to Certification

The data submitted to the DRS can be used to determine the eligibility of persons prior to certification, when the agency has reason to believe a person is subject to disqualification in another political jurisdiction.

Information obtained from the DRS must be independently verified. A verbal response from the DRS Locality Contact is acceptable for the initial assessment. The household must be given an opportunity to respond to the verbal information obtained from the Locality Contact. If the household affirms the verbal information provided by the Locality Contact, a determination on the individual member's eligibility may be made without additional documentation from the Locality Contact. The household is allowed a minimum of 10 days to respond to the DRS findings.

If the household member disputes the information or fails to respond to the request for information, written documentation from the Locality Contact is needed to process the application or to determine the length of the disqualification penalty. Applications not entitled to expedited processing are to be held pending until the

written verification from the Locality Contact is received. Applications entitled to expedited processing must be processed and benefits delivered within the required seven-day period, even if the household's affirmation or written documentation from the Locality Contact is not received by the seventh day. An IHE claim must be established, however, for any overpaid benefits.

N. DOCUMENTATION

The local agency that establishes the claim must maintain documentation to support proper establishment of the claim, including how the overpayment amount was determined, documentation to support the date of discovery and documentation to support disqualification. In addition, documentation to support the balance due must also be maintained by the agency(s) collecting the payments. Documentation includes, but is not limited to, verifications from employers, landlords, schools; applications with false or omitted information; a copy of the initial demand letter; a copy of the *Notice of Disqualification*; and receipts for cash payments. If the local agency does not have documentation to support the claim, the claim must be terminated.

O. INTRASTATE/INTERSTATE CLAIMS COLLECTION (7 CFR 273.18(i))

In cases where a household moves out of the locality or out of Virginia, the local agency may initiate or continue collection action against the household for any overpayment to the household which occurred while the household was under the local agency's jurisdiction. If the local agency does not intend to pursue collection from a household that has moved to another state because the other state will be pursuing collection, i.e. allotment reduction, the claim must be terminated.

Local agencies may pursue collection on claims established in another locality or state. The local agency or state that overpaid benefits to the household will have the first opportunity to collect any overpayments. If the local agency or state which overpaid benefits, however, does not take prompt action to collect, then the local agency which has jurisdiction over the area into which the household moves should initiate action to collect the overpayment. However, prior to initiating action to collect such overpayments, the local agency in the new locality must contact the old locality or state to ascertain that it does not intend to pursue prompt collection or is not receiving payments on the claim.

P. BANKRUPTCY (7 CFR 273.18(j))

Local agencies must act on behalf of, and, as USDA, in any bankruptcy proceeding against bankrupt households owing food stamp claims. Local agencies possess any rights, priorities, interests, liens or privileges,

4/03

VOLUME V, PART XVII, PAGE 18

and must participate in any distributions of assets, to the same extent as USDA. Acting as USDA, local agencies have the power and authority to file objections to discharge, proofs of claims, exceptions to discharge, petitions for revocation of discharge, and any other documents, motions or objections that USDA might have filed. Any amounts collected under this authority must be transmitted to the Virginia Department of Social Services as normal claims payments.

Q. SUBMISSION OF PAYMENTS (7 CFR 273.18(1))

Once a month, local agencies must submit one consolidated check, payable to the "Treasurer of Virginia", to cover cash and state tax intercept payments received from all households for the month. The check must be sent to:

Virginia Department of Social Services
Division of Finance
730 E. Broad Street
Richmond, VA 23219

The *Monthly Payment Record* (MPR) must be sent with the consolidated check. If no cash or state tax intercept payments are received during the month, a MPR must still be submitted to indicate that no payments were received. The check and the MPR must be sent so as to be received by the 15th day of the month following the report month.

R. DISPUTED CLAIMS

If a fair hearing or a court did not establish the amount of a claim, the household has 90 days from the date of the demand letter to appeal the amount by requesting a fair hearing.

The household must also be notified of the following actions relating to claims and has the right to appeal these:

- After initial notification, whenever the amount of the claim changes;
- Whenever a claim is used to offset a restoration and prior notification of the claim had not been given;
- When multiple overissuances total \$125 or more and collection action is now being initiated, and prior notification of the claim had not been given.

4/03

VOLUME V, PART XVII, PAGE 19

If the fair hearing determines that the claim is valid, the local agency must re-notify the household of the claim amount. The post-fair hearing notice must inform the household that the claim amount is still due and that repayment is required. A *Repayment Agreement* must be sent with the re-notification. The household cannot request a fair hearing based on this second notice. Delinquency will be determined by the due date of this subsequent notice, not the original demand letter.

S. OTHER MONEY RETURNS

Money is sometimes returned to the agency for reasons other than because of a claim. In these instances, the money is not to be submitted to the State Office as claims payments would be. A check or money order payable to "USDA-FNS-HQ" and a letter explaining the circumstances must be submitted to:

USDA-FNS-HQ
P.O. Box 953807
St. Louis, MO 63195-3809

T. CLAIMS TRACKING SYSTEM

All claims must be established in the Food Stamp Claims Tracking System (FSCTS) and Application Benefit Delivery Automation Project (ADAPT). All payments made against a claim must be reflected in both systems. Termination of claims must be reported to both systems. The date of the initial demand letter, court-ordered restitution date and any follow-up demand letters must be reflected in the FSCTS.

- b) present the case or have it presented by legal counsel or other person;
 - c) bring witnesses;
 - d) establish pertinent facts and advance arguments; and,
 - e) question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.
4. The local agency will have the opportunity to clarify or modify its statements contained in the Summary of Facts and to question the claimant, his representative, or witnesses on the important issue(s). The local agency has the same rights as the claimant to examine documents, bring witnesses, advance arguments, question evidence and submit evidence.
5. Evidence admissible at the hearing is limited to information having a bearing on the issue(s) being appealed. Such issues include those given by the claimant at the time of the appeal and those given by the local agency as a basis for its actions or inaction under appeal. The hearing officer determines whether an issue other than the one being appealed may be introduced, but no additional issues are admissible without concurrence of the claimant and local agency.

L. DUTIES OF THE HEARING OFFICER

The hearing officer must:

- 1. Ensure that all relevant issues are considered;
- 2. Request, receive, and make part of the record all evidence determined necessary to decide the issues being raised;
- 3. Regulate the conduct of the hearing consistent with due process to ensure an orderly hearing;
- 4. Order, where relevant and useful, an independent medical assessment or professional evaluation from a source mutually satisfactory to the household and the local agency; and,
- 5. Render a decision in the name of the State Hearing Authority. Decisions must comply with regulations as stated in the Virginia Food Stamp Certification Manual **and the Virginia EBT Policies and Procedures Guide** and must be based on the hearing record. An official report containing the substance of what transpired at the hearing, the findings and conclusions of the hearing officer, together with all papers and requests filed in the proceeding, will constitute the record for decision.

7/97

VOLUME V, PART XIX, PAGE 12

M. HEARING DECISION (7 CFR 273.15(q))

An official report containing the substance of the hearing, together with the findings and conclusions of the hearing officer, and all papers filed in the proceeding, will constitute the record for decision. The household and the local agency must each be notified of the decision by a copy of the written official report of the decision.

The decision of the hearing officer will be final and binding when presented in writing to the claimant and the local agency. The decision must be put into effect regardless of whether review by the Commissioner of the decision has been requested.

The claimant, the claimant's representative, and the local agency must be given written notice of their right to request a review of the hearing officer's decision by the Commissioner. In addition to the claimant's right to request a review by the Commissioner, the claimant may seek a judicial review of the decision.

The request for the Commissioner's review by either party must be submitted in writing within 10 days following the date of the hearing officer's written decision with a written statement of the reasons for the objection to the decision. A copy of the review request by the local agency must be submitted to the claimant.

When a request for review is submitted, the Commissioner will review the decision and confirm or modify the original decision. The claimant, the claimant's representative, the hearing officer and local agency will be notified in writing of the result of the review.

The hearing officer, within a reasonable time, may reconsider any decision if there is new evidence that the original decision was not a valid one. In this regard, the hearing officer's decision is also subject to review by the Hearings Manager.

When the decision of the Commissioner is adverse to the claimant, all available administrative remedies have been exhausted.

All hearing records and decisions are available for public inspection and copying, subject to the disclosure safeguards, provided identifying names and addresses of household members and other members of the public are kept confidential.

N. IMPLEMENTATION OF DECISIONS

All final hearing decisions must be reflected in the household's coupon allotment within time limits specified below:

1. Decisions that result in an increase in household benefits must be reflected in the **benefit amount** within 10 days of the receipt of the hearing decision, even if the local agency must provide a supplementary allotment or otherwise provide the household with an opportunity to obtain the allotment outside of the normal issuance cycle. The local agency may take longer than 10 days if it elects to make the decision effective in the household's normal cycle, provided that the issuance will occur within 60 days from the household's request for the hearing.
2. Decisions that result in a decrease in household benefits must be reflected in the next scheduled issuance following receipt of the hearing decision. No additional notice to the household is needed.
3. When the decision of the hearing officer or Commissioner, as appropriate, determines that a household has been improperly denied program benefits or as been issued a smaller allotment than it was due, lost benefits must be provided to the household in accordance with Part XVI.A.
4. When the decision of the hearing officer or Commissioner, as appropriate, upholds the local agency's action, a claim against the household must be prepared in accordance with Part XVII.A. for any overissuances.
- O. INTRODUCTION TO ADMINISTRATIVE DISQUALIFICATION HEARINGS (ADH) (7 CFR 273.16(e))

An Administrative Disqualification Hearing (ADH) is an impartial review by a hearing officer of a household member's actions involving an alleged intentional program violation (IPV) for the purpose of rendering a decision of guilty or not guilty of committing an IPV.

In order to request an ADH, there must be clear and convincing evidence that demonstrates that a household member committed or intended to commit an IPV as described in Definitions. Examples of evidence include, but are not limited to, the following:

1. Written verification of unreported income or resources received by the household;
2. Verification that the household understands its reporting requirements by its signature under the rights and responsibilities section of the application or on some other form;
3. An application or change report form submitted during the period the IPV is alleged to have occurred which omits the information in question;
4. Documented contacts with the household during the period the IPV is

7/02

VOLUME V, PART XIX, PAGE 14

alleged to have occurred in which the household failed to report information in response to agency queries about household circumstances.

Each example noted above does not have to be presented to document intentionality however it is likely that such deliberateness can only be shown through the presentation of more than one of these evidence examples.

P. INITIATION OF AN ADH

The local agency must ensure that the evidence against the household member alleged to have committed the IPV is reviewed by either an Eligibility Supervisor or Agency Director/Superintendent for purposes of certifying that such evidence warrants a referral for an ADH.

Prior to submitting the Referral for Administrative Disqualification Hearing to the State Hearing Authority, the local agency must provide the forms, Notification of Intentional Program Violation and Waiver of Administrative Disqualification Hearing and the "Administrative Disqualification Hearings" pamphlet to the household member suspected of the IPV. To determine the appropriate disqualification period for the notification form, the agency must access the Disqualified Recipient Subsystem (DRS) data to determine the number of prior disqualifications an individual may have. The DRS information about prior disqualifications must be verified before deciding on the length of the penalty. See Part XVII.M.2. for additional information about DRS.

The waiver must be returned to the agency within 10 days from the date notification is sent to the household in order to avoid submission of the referral of ADH. If a signed waiver is received, no ADH is conducted and the disqualification period is imposed in accordance with policy at Part XVII.M.1. A copy of the signed waiver is to be sent, for federal reporting purposes, to:

Hearings and Legal Services Manager
Virginia Department of Social Services
730 East Broad Street
Richmond, VA 23219-1849

If no waiver to the ADH is received within 10 days, the local agency must submit the Referral for Administrative Disqualification Hearing to the Hearings Manager. The form must include the following information:

1. Identifying Information as requested at the top of the form
2. Summary of the Allegation(s)
3. Summary of the Evidence
4. Copies of documents supporting the allegation.

10/98

VOLUME V, PART XIX, APPENDIX I, PAGE 1

VIRGINIA LEGAL AID PROJECTS

<u>Name and Address</u>	<u>Areas Served</u>
Legal Services of Northern Virginia Alexandria Legal Aid Branch 110 N. Royal Street, Suite 505 Alexandria, VA 22314 (703) 684-5566	Alexandria
Legal Services of Northern Virginia Arlington Legal Aid Branch 6400 Arlington Boulevard Suite 630 Falls Church, VA (703) 532-3733	Arlington County
Legal Services of Northern Virginia Fairfax Legal Aid Branch 4080 Chain Bridge Road Fairfax, VA 22030 (703) 246-4500	Falls Church Fairfax Fairfax County
Legal Services of Northern Virginia Loudoun Legal Aid Branch 3 Royal Street, S. E. Leesburg, VA 20175 (703) 777-7450	Loudoun County
Legal Services of Northern Virginia Prince William Legal Aid Branch 9240 Center Street Manassas, VA 20110 (703) 368-5711	Prince William County
Blue Ridge Legal Services, Inc. 204 North High Street Harrisonburg, VA 22801 1-800-237-0141	Harrisonburg Rockingham County Page County Staunton Waynesboro Augusta County Highland County
<u>Branch Office</u> Blue Ridge Legal Services, Inc. 139 N. Loudoun Mall Winchester, VA 22601 (540) 662-5021	Winchester Frederick County Warren County Clarke County Shenandoah County

4/03

VOLUME V, PART XIX, APPENDIX I, PAGE 2

<u>Name and Address</u>	<u>Areas Served</u>
Central Virginia Legal Aid Society 101 W. Broad Street, Suite 101 Richmond, VA 23219 (804) 648-1012 (Mailing Address - P.O. Box 12006 Richmond, VA 23241)	Richmond City Charles City County Chesterfield County Hanover County Henrico County New Kent County Powhatan County Goochland County
Charlottesville-Albemarle Legal Aid Society 105 Fourth Street, S.E. Charlottesville, VA 22901 1-800-763-7323	Albemarle County Charlottesville Fluvanna County Greene County Louisa County Nelson County
Client Centered Legal Services of Southwest Virginia P.O. Box 147 Castlewood, VA 24224 1-800-234-2257	Norton Buchanan County Dickenson County Lee County Russell County Scott County Tazewell County Wise County
Legal Aid Society of Roanoke Valley 132 Campbell Avenue, S.W. Suite 200 Roanoke, VA 24106 (540) 344-2088 1-800-711-0617	Bedford Roanoke Salem Bedford County Botetourt County Craig County Franklin County Roanoke County
<u>Branch Office</u> Lexington Branch Office 203 North Main Street Lexington, VA 24450 (540) 463-7334	Buena Vista Clifton Forge Covington Lexington Alleghany County Bath County Rockbridge County
Legal Aid Society of the New River Valley, Inc. 155 Arrowhead Trail Christiansburg, VA 24073 (540) 382-6157 1-800-468-1366	Radford Floyd County Giles County Montgomery County Pulaski County

4/03

VOLUME V, PART XXIV, PAGE i

PART XXIV

FORMS

<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
032-03-824/14	APPLICATION FOR BENEFITS	1-19
032-03-729A/9	ELIGIBILITY REVIEW - Part A	20-21
032-03-729B/8	ELIGIBILITY REVIEW - Part B	22-26
032-03-823/9	EVALUATION OF ELIGIBILITY	27-31
032-03-823B/3	PARTIAL REVIEWS AND CHANGES	32-34
032-03-819/6	FOOD STAMP PROGRAM - HOTLINE INFORMATION	35-37
032-03-821/3	KNOW YOUR RIGHTS WHEN APPLYING FOR FOOD STAMPS	38-39
032-03-718/5	EXPEDITED SERVICES CHECKLIST	40-41
032-03-814/8	CHECKLIST OF NEEDED VERIFICATIONS	42-43
032-03-117/14	NOTICE OF ACTION	46-49
032-03-018/23	ADVANCE NOTICE OF PROPOSED ACTION	50-53
032-12-157/12	NOTICE OF EXPIRATION (computer version)	54-55
032-03-051/13	CHANGE REPORT	56-58
032-03-153/10	ENTITLEMENT TO RESTORATION OF LOST BENEFITS	59-60a
032-03-159/4	RECORD OF ENTITLEMENT TO LOST BENEFITS	61-63
032-03-112A/5	MANUAL FOOD STAMP WORKSHEET	64-66
032-03-135/2	INCOME FROM FARM OPERATIONS	67-68
032-03-134/3	INCOME FROM SELF-EMPLOYMENT OTHER THAN FARMING	69-70
032-03-823A/2	PERMANENT VERIFICATION LOG	71-72
032-03-388	NON-RECEIPT AFFIDAVIT/EBT CARD REPLACEMENT REQUEST	73-74

PART XXIV FORMS (continued)

<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
032-03-387/1	INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION	75-77
032-03-071/9	EMPLOYMENT SERVICES REGISTRATION/REPORTING FORM	78-80
032-02-072/6	EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM	81-82
032-03-174/5	FOOD STAMP SANCTION NOTICE FOR NONCOMPLIANCE WITH A WORK REQUIREMENT	83-85
032-03-920/2	FOOD STAMP BENEFIT TRACKING SHEET	86-87
032-03-721/6	NOTICE OF INTENTIONAL PROGRAM VIOLATION	88-89
032-03-722/2	WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING	90-91
032-03-725/2	REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING	92-93
032-03-724/6	ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING	94-96
032-03-723/7	ADMINISTRATIVE DISQUALIFICATION HEARING DECISION	97-98
032-03-052/11	NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION	99-100
032-03-010	DISQUALIFIED RECIPIENT REPORT	101-102
032-03-460/1	NOTICE OF ACTION AND EXPIRATION	103-105
032-03-360	REVIEW OF 24-MONTH CERTIFICATION PERIOD	106-107
032-03-366/4	ADAPT VERIFICATION FORM	108-114
032-03-875/4	REQUEST FOR ASSISTANCE - ADAPT	115-119
032-03-385	REQUEST FOR VERIFICATION	120-121

Commonwealth of Virginia
Department of Social Services
ELIGIBILITY REVIEW – PART B

CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER'S	DATE RECEIVED
CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER'S	DATE RECEIVED

B. RESOURCES Answer for everyone for whom you are applying. Include any resources anyone owns, is buying, or is heir to. Include any resources jointly owned with someone else, even if that person does not live with you. List the names of all joint owners. After each joint owner's name, list the percentage (%) of the resource owned by that person. **Talk to your eligibility worker if you need help answering these questions, including help with the percentage owned.**

- ☐ YES ☐ NO 1. Does anyone have cash, money in checking/savings/credit union/Christmas Club/money market/individual development account/or any other account, CD's, patient funds, special welfare accounts, stocks or bonds, trust funds, pension plans, retirement accounts, promissory notes, deeds of trust, or burial plots/arrangements/trust funds? Has a savings or other investment account been set up to pay for school, to make a down payment on a house or to start a business, or for another purpose ? Check (√): ☐ YES ☐ NO

If the savings account or other investment account is for **school expenses**, give name of person whose expenses will be paid: _____
If the savings or investment account is for another purpose, explain _____

OWNER(S)	TYPE (ACCOUNT #)	WHERE	YES () NO () Is this resource used in your business or trade. Including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED
OWNER(S)	TYPE (ACCOUNT #)	WHERE	YES () NO () Is this resource used in your business or trade. Including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED
OWNER(S)	TYPE (ACCOUNT #)	WHERE	YES () NO () Is this resource used in your business or trade. Including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED

- ☐ YES ☐ NO 2. Does anyone own any personal property, such as campers/trailers, non-motorized boats, utility trailers, tools, equipment, supplies, or livestock?
- | | | | | |
|----------|------|--|----------------------------|---------------|
| OWNER(S) | TYPE | YES () NO () Is this property used in your business or trade. Including farming? | VALUE \$
AMOUNT OWED \$ | DATE ACQUIRED |
|----------|------|--|----------------------------|---------------|

- ☐ YES ☐ NO 3. Does anyone own any real property, including life estates, land, buildings, or mobile homes? If YES, do you live there? Check (√): ☐ YES ☐ NO
- | | | | | |
|----------|------|---|----------------------------|---------------|
| OWNER(S) | TYPE | YES () NO () Currently rented
YES () NO () Income-producing
YES () NO () Currently for sale | VALUE \$
AMOUNT OWED \$ | DATE ACQUIRED |
|----------|------|---|----------------------------|---------------|

- ☐ YES ☐ NO 4. Does anyone own vehicles, such as cars, trucks, vans, motorboats, motor homes, recreational vehicles, or motorcycles/mopeds?
- | | | | | | | |
|----------|---|--|-----------|----------------------------|-----------------------------|---------------|
| OWNER(S) | TYPE OF VEHICLE: YEAR-MAKE-MODEL
VEHICLE ID# | CURRENTLY LICENSED
<input type="checkbox"/> YES <input type="checkbox"/> NO | LICENSE # | VALUE \$
AMOUNT OWED \$ | EXPLAIN HOW VEHICLE IS USED | DATE ACQUIRED |
| OWNER(S) | TYPE OF VEHICLE: YEAR-MAKE-MODEL
VEHICLE ID# | CURRENTLY LICENSED
<input type="checkbox"/> YES <input type="checkbox"/> NO | LICENSE # | VALUE \$
AMOUNT OWED \$ | EXPLAIN HOW VEHICLE IS USED | DATE ACQUIRED |

- ☐ YES ☐ NO 5. Does anyone have health insurance?
- | | | | | | |
|---------------|------------------------------|------------------------|--------------------------------|------------------|-------------------|
| POLICY HOLDER | COMPANY NAME, ADDRESS, PHONE | BEGIN DATE
END DATE | ID NUMBER
PREMIUM AMOUNT \$ | TYPE OF COVERAGE | PERSON(S) INSURED |
|---------------|------------------------------|------------------------|--------------------------------|------------------|-------------------|

☐ YES ☐ NO 6. Does anyone have Medicare?

PERSON INSURED	CLAIM NUMBER	CHECK (<input type="checkbox"/> <input type="checkbox"/> PART A <input type="checkbox"/> PART B	BEGIN DATE	PREMIUM	PAYMENT METHOD
PERSON INSURED	CLAIM NUMBER	CHECK (<input type="checkbox"/> <input type="checkbox"/> PART A <input type="checkbox"/> PART B	BEGIN DATE	PREMIUM	PAYMENT METHOD

☐ YES ☐ NO 7. Does anyone have life insurance, retirement insurance, or other related types of insurance policies? (Not required for Food Stamps)

OWNER(S)	PERSON(S) INSURED	COMPANY NAME, ADDRESS, PHONE	TYPE OF POLICY	POLICY NUMBER	FACE VALUE	CASH VALUE	DATE ACQUIRED
					\$	\$	

☐ YES ☐ NO 8. Has anyone sold, transferred or given away any resources in the last 3 months (for **Food Stamps**), in the last 2 years (for **TANF or General Relief**), or resources or **income** in the last five years (for **Medicaid**)? If Yes, explain: _____

C. INCOME Answer for everyone for whom you are applying. For **TANF** and **Medicaid** for children, also provide income information for the child's parent or stepparent living in the home; or any person living with the parent as husband or wife. If the parent is a minor under age 18 (for **TANF**) or under age 21 (for **Medicaid**), also provide information for the parent of the minor parent.

☐ YES ☐ NO 1. Does anyone receive any money from any source? Include money received from self-employment, pensions, income-producing property, support or contributions. If **YES**, give the information requested. If the money is received from working, give employment information.

PERSON RECEIVING MONEY	TYPE OF MONEY	HOW OFTEN RECEIVED	WHEN RECEIVED	GROSS MONTH AMT. BEFORE DEDUCTIONS	EMPLOYER'S NAME, ADDRESS, PHONE NUMBER	EMPLOYMENT BEGIN DATE	HRS/MONTH WORKED
				\$			
				\$			
				\$			
				\$			

☐ YES ☐ NO 2. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job, or reduced hours worked since you applied? If YES, give name and explain: _____☐ YES ☐ NO 3. Does anyone besides the people on your case pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? OR does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If **YES**, give name, amount, and explain: _____☐ YES ☐ NO 4. Has anyone applied for or received student financial aid or work-study for a current school term at any college, university, school or training program beyond the high school level, or any school or training program for persons with a physical or mental disability? _____

NAME OF PERSON	TYPE OF FINANCIAL AID	AMOUNT	PERSONAL COVERED	TUITION FEES	BOOKS SUPPLIED	TRANSPORTATION	DEPENDENT CARE	ROOM & BOARD	OTHER (Specify)
		\$	FROM TO	\$	\$	\$	\$	\$	

☐ YES ☐ NO 5. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability? If YES, give name, amount and explain: _____☐ YES ☐ NO 6. Does anyone pay legally obligated child support to someone not in the household? If **YES**, give name of person paying, person supported, and amount: _____

HEAD OF HOUSEHOLD

- NOTE: Refer to the *Benefit Program Booklet* for additional information.

- | NAME, ADDRESS, PHONE NUMBER OF AUTHORIZED REPRESENTATIVE(S) | CHECK (✓) EACH DUTY AUTHORIZED FOR THAT PERSON |
|---|--|
| | <input type="checkbox"/> APPLY FOR FOOD STAMPS <input type="checkbox"/> RECEIVE CORRESPONDENCE
<input type="checkbox"/> RECEIVE OR USE FOOD STAMPS BENEFITS |

- ☐ YES ☐ NO 4. Is anyone living in your home a roomer or boarder? If YES, list names: _____

- | PERSON WITH EXPENSE | TYPE OF EXPENSE | AMOUNT | NAME, ADDRESS, PHONE NUMBER OF DOCTOR, HOSPITAL, PHARMACY | METHOD OF DEDUCTION |
|---------------------|-----------------|--------|---|--|
| | | \$ | | <input type="checkbox"/> LUMP SUM
<input type="checkbox"/> MONTHLY AVERAGE
<input type="checkbox"/> EXPECTED PAYMENT |
| | | \$ | | <input type="checkbox"/> LUMP SUM
<input type="checkbox"/> MONTHLY AVERAGE
<input type="checkbox"/> EXPECTED PAYMENT |

- [illegible]

- 3 -

E. FINANCIAL AND MEDICAL ASSISTANCE FOR CHILDREN

- ☐ YES ☐ NO 1. Has the absent parent(s) changed the amount of financial support, physical care, or guidance regularly provided to the children?
If YES, explain: _____

- ☐ YES ☐ NO 2. Has the legal parent become disabled such that he or she is unable to work? If YES, explain: _____

- ☐ YES ☐ NO 3. Do you have any new information that would help us locate the absent parent(s)? If YES, explain; _____

- ☐ YES ☐ NO 4. Did the stepparent in the home claim a child as a dependent for federal tax purposes?

F. AUXILIARY GRANTS

- ☐ YES ☐ NO 1. Do you own any household goods or personal effects which are worth more than \$500? If YES, and you did not report these items in the Resource Section, list the items and their value here: _____

G. CHANGES EXPECTED THIS MONTH OR NEXT: _____

H. VOTER REGISTRATION (FOOD STAMPS, TANF, MEDICAID ONLY)

ANSWER ONLY IF YOU ARE APPLYING FOR FOOD STAMPS, TANF OR MEDICAID. IF YOU DO NOT RESPOND, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT REGISTER TO VOTE AT THIS TIME:

Check (✓) one of the following:

YES () NO () If you are not registered to vote where you currently live now, would you like to register to vote here today? By checking this question "yes", I certify that a voter registration application form was given to me to complete. (If you would like help in filling out the vote registration application form, we will help you. The decision to accept help is yours. You also have the right to complete your voter registration application form in private.)

YES () NO () I am already registered to vote at my current address. (If already registered at your current address, you are eligible to register to vote.)

YES () NO () I do not want to apply to register to vote today.

Applying to register or declining to register to vote will not affect the assistance or services that you will be provided by this agency. A decision not to apply to register to vote will remain confidential. A decision to apply to register to vote and the office where your application was submitted will also remain confidential and may be use for voter registration purposes. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register to vote, or your right in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Ninth Street Office Building, 200 North Ninth Street, Richmond, VA 23219-3497, (804) 788-6551.

Agency Use Only ☐ Face-to-face interview not required. A voter registration form was mailed

BY MY SIGNATURE BELOW, I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE FOLLOWING IS TRUE:

I received the Benefit Programs Booklet when I first applied or at this review. I understand:

- All of my responsibilities listed in the Benefit Programs Booklet, including my responsibility to report required changes on time.
- If I give false, incorrect, or incomplete information, or do not report required changes on time, I may be breaking the law and could be prosecuted.
- If I helped someone complete this form so as to get benefits he or she is not entitled to, I may be breaking the law and could be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Control, my benefits may be denied until I cooperate.
- If my application is for Food Stamps, failure to report or verify any of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.

All information on this form is correct and complete to the best of my knowledge and belief.

My signature authorizes the release to this agency of all information necessary to both determine and review my eligibility AND the release of any medical or psychological information obtained from any source to the state or local agency that may review this application for financial or medical assistance. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

I filled in this application myself: ☐ YES ☐ NO If NO, it was read back to me when complete: ☐ YES ☐ NO

YOUR SIGNATURE OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK	DATE	SPOUSE'S SIGNATURE OR MARK (NOT NEEDED FOR FOOD STAMPS)	DATE
WITNESS TO MARK OR INTERPRETER	DATE	WORKER'S SIGNATURE	DATE

Complete the box below if this application was completed for the applicant by someone else.

NAME OF PERSON COMPLETING APPLICATION	DATE	ADDRESS
PHONE NUMBER (HOME) (WORK)	RELATIONSHIP TO APPLICANT	

4/03

VOLUME V, PART XXIV, PAGE 27

Commonwealth of Virginia
Department of Social Services

EVALUATION OF ELIGIBILITY

1. GENERAL INFORMATION		PROGRAM	APPLCIATION DATE	INTERVIEW DATE
CASE NAME	CASE NUMBER			
SECONDARY CASE NAME	SECONDARY CASE NUMBER			
IDENTITY (NAME)	VERIFICATION			
HEAD OF HOUSEHOLD ADULT PARENT/PARENTAL CONTROL? <input type="checkbox"/> Y <input type="checkbox"/> N DESIGNATED BY HH <input type="checkbox"/> AGENCY <input type="checkbox"/>		FACE-TO-FACE INTERVIEW <input type="checkbox"/> Y <input type="checkbox"/> N IF NO, REASON:		
ADDRESS	SECONDARY ADDRESS TYPE	INSTITUTIONAL STATUS Date Entered NF CBC ACR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
VERIFICATION/REMARKS	VIRGINIA <input type="checkbox"/> Y <input type="checkbox"/> N RESIDENT?	ACR/AFC RATE:	DMAS-96 <input type="checkbox"/> Y <input type="checkbox"/> N SAR <input type="checkbox"/> Y <input type="checkbox"/> N	

2. MEMBER INFORMATION

	HH/UNIT MEMBERSHIP CHECK (✓) IF INCLUDED						PERMANENT VERIFICATIONS CHECK (✓) IF REQ. MET				FSET/ESP/VIE W REGISTRATION OR REFERRAL	ATTENDING SCHOOL?	DEPRIVATION (MED - ONLY EFF 7/1/99)	IMMUNIZATION REQUIREMENT MET?
NAME OR MBR#	FS	TANF	MED	AG	MEDICAID/AG CATEGORY	OTHR (LIST)	SSN	DOB	CIT	REL	IF YES, DATE IF NO, REASON	DOCUMENT TRUANCY	GIVE REASON	GIVE VERIFICATION
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
											<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

NAME	PROGRAM	REASON FOR EXCLUSION, DISQUALIFICATION OR INELIGIBILITY	TIME PERIOD

ASSIGNMENT OF RIGHTS <input type="checkbox"/> Y <input type="checkbox"/> N	NOTICE OF COOPERATION AND GOOD CAUSE SIGNED? <input type="checkbox"/> Y <input type="checkbox"/> N GOOD CAUSE? <input type="checkbox"/> Y <input type="checkbox"/> N IDENTITY EXCEPTION CLAIMED: <input type="checkbox"/> Y <input type="checkbox"/> N	LIVING WITH SPECIFIED RELATIVE/GUARDIAN <input type="checkbox"/> Y <input type="checkbox"/> N
DEPRIVATION, TRUANCY, PREGNANCY, CONCEPTION/DELIVERY DATE, FOSTER CARE/ADOPTION STATUS, DISABILITY/BLINDNESS OR TOHER DOCUMENTATION		

RETROACTIVE DETERMINATION NECESSARY?	<input type="checkbox"/> Y <input type="checkbox"/> N	POTENTIALLY PROTECTED MEMBERS PROTECTED MEMBERS (INCLUDED STATUS)	COMMUNITY SPOUSE?
RETROACTIVE PERIOD_____			<input type="checkbox"/> Y <input type="checkbox"/> N

CASH <input type="checkbox"/> Y <input type="checkbox"/> N		ACCOUNTS <input type="checkbox"/> Y <input type="checkbox"/> N		STOCKS/BONDS TRUST FUNDS <input type="checkbox"/> Y <input type="checkbox"/> N		PENSION PLANS RETIREMENT <input type="checkbox"/> Y <input type="checkbox"/> N		PROGRAM(S)		
MBR	TYPE	AMOUNT	INSTITUTION, ACCT NAME, ACCT#		VERIFICATION, CALCULATIONS, WITHDRAWALS					

MBR	TYPE	AMOUNT	ADDITIONAL EXPLANATION, VERIFICATION, CALCULATIONS			
			COUNTABLE			

MBR	YEAR, MAKE, MODEL	USE	FMV	FS LIMIT	EXCESS	LIEN	EQUITY	VERIFICATION, CALCULATIONS			
								COUNTABLE			

MBR	TYPE	COMPANY	POLICY ID#	VERIFICATION	PREMIUM

EVALUATION
OF ELIGIBILITY

VOLUME V, PART XXIV, PAGE 29

PROGRAM(S)

[illegible]

MBR	TYPE DATE	VALUE	AMOUNT	VERIFICATION, CALCULATION OF PERIOD OF INELIGIBILITY	
					FS
					TANF
					MED

PROGRAM(S)

7. EARNED INCOME							PROGRAM(S)		
MBR	INCOME SOURCE	DATE REC'D	AMOUNT	FREQUENCY	HRS/WK	VERIFICATION			
						COUNTABLE			

PROGRAM (S)

MBR	ICNOME SOURCE	DATE REC'D	AMOUNT	FREQUENCY	VERIFICATION			
					COUNTABLE			

CALCULATIONS (DOCUMENT DISREGARDS, INCOME SCREENINGS, SELF EMPLOYMENT EXPENSES, SCHOOL EXPENSES, CHILD SUPPORT)

CALCULATIONS (DOCUMENT DISREGARDS, INCOME SCREENINGS, SELF EMPLOYMENT EXPENSES, SCHOOL EXPENSES, CHILD SUPPORT)

APPLICATION FOR OTHER BENEFITS: () SSA () SSI () UCB () VA () OTHER _____

TOTAL COUNTABLE RESOURCES			
FS	TANF	MEDICAID	
\$	\$	\$	\$

TOTAL COUNTABLE INCOME			
FS	TANF	MEDICAID	
\$	\$	\$	\$

4/03

VOLUME V, PART XXIV, PAGE 30

9. EXPENSES

SHELTER EXPENSES ☐ Y ☐ N

TYPE OF EXPENSE	MO. AMT.	VERIFICATION
RENT/MORTGAGE		
ELECTRICITY		
GAS/KEROSENE/COAL OIL/ WOOD		
WATER/SEWER		
GARBAGE		
INSTALLATION		
TAX/INSURANCE		

DAY CARE EXPENSES ☐ Y ☐ N

CHILD SUPPORT DEDUCTION ☐ Y ☐ N

MBR	MO. AMT.	DESCRIPTION VERIFICATION

MEDICAL EXPENSES ☐ Y ☐ N

MBR	MO. AMT.	DESCRIPTION, VERIFICATION, METHOD OF DEDUCTION

UTILITY STANDARD ☐ Y ☐ N ☐ 1-3 ☐ 4+

PHONE STANDARD ☐ Y ☐ N

HOMELESS STANDARD ☐ Y ☐ N

REASON FOR ENTITLEMENT TO STANDARD:

10. GENERAL RELIEF (MAINTENANCE)

Period of Unemployment _____
 Applied for SSI ☐ Decision appealed ☐
 Release of SSI check signed _____
 Modified Standard ☐ Full Standard ☐
 Reason for Standard _____

11. EMERGENCY ASSISTANCE () GR () TANF-EA

Date and Reason for Emergency:

Assistance Previously Received ☐ Y ☐ N

Date and Amount Received:

12. STATE AND LOCAL HOSPITALIZATION

MBR	Services Dates	Provider Name	Applied within 30 days? <input type="checkbox"/> Y <input type="checkbox"/> N

13. DIVERSIONARY ASSISTANCE PROGRAM

Loss/Delay of Income ☐ Y ☐ N TANF Requirement Met ☐ Y ☐ N

Emergency Need \$ _____ Type _____

TANF \$ _____ (Max. 4 months) Payment \$ _____ Date Issued _____

Vendor Payment Issued to: _____

TANF Period of Ineligibility: _____

Diversiory Assistance Ineligibility (60 mos.) Ends: _____

Acceptance Signed: ☐ Y ☐ N Date: _____

EVALUATION:

14. SPEND-DOWN CALCULATION

COUNTABLE INCOME	\$ _____	\$ _____	\$ _____	SPEND-DOWN PERIOD: _____ FROM _____ TO _____
MINUS INCOME LEVEL	_____	_____	_____	Person(s) on Spend-down: _____
EXCESS INCOME	_____	_____	_____	Person(s) on Spend-down: _____

15. DISPOSITION

TEMPORARY ASSISTANCE PROGRAMS
DATE GIVEN: BOOKLET _____

FOOD STAMPS
HOTLINE _____

MEDICAID
HANDBOOK _____

PROGRAM	DISPOSITION (Denial Reasons)	EFFECTIVE DATE/ CERT/COVERED PERIOD	HH/AU SIZE	MONTHLY BENEFITS	PRORATED BENEFITS	SIGNATURE AND DATE (WORKER/SUPERVISOR)

4/03

VOLUME V, PART XXIV, PAGE 50

COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES ADVANCE NOTICE OF PROPOSED ACTION	CASE NUMBER	PROGRAM
	DATE OF MAILING:	
IF YOU WANT FREE LEGAL ADVICE, CALL: _____ THIS NUMBER IS A LOCAL LEGAL SERVICES AGENCY, NOT THE DEPT. OF SOCIAL SERVICES		

ACTION TO BE TAKEN ON YOUR CASE IS EXPLAINED BELOW.

<input type="checkbox"/> FOOD STAMPS	YOUR FOOD STAMP ALLOTMENT WILL BE:		<input type="checkbox"/> REDUCED	<input type="checkbox"/> SUSPENDED	<input type="checkbox"/> TERMINATED
EFFECTIVE DATE:	AMOUNT OF REDUCTION: FROM:	TO:	ELIGIBILITY WORKER:	TELEPHONE:	
REASON FOR PROPOSED ACTION: _____					

<input type="checkbox"/> FINANCIAL ASSISTANCE	YOUR ASSISTANCE CHECK WILL BE:		<input type="checkbox"/> REDUCED	<input type="checkbox"/> SUSPENDED	<input type="checkbox"/> TERMINATED
EFFECTIVE DATE:	AMOUNT OF REDUCTION: FROM:	TO:	ELIGIBILITY WORKER:	TELEPHONE:	
MANUAL REFERENCE: _____ REASON FOR PROPOSED ACTION: _____					
<input type="checkbox"/> VIEW TERMINATION - THE TANF CASE IS CLOSED UNTIL YOU REAPPLY AND ARE FOUND ELIGIBLE FOR TANF/TANF - UP <input type="checkbox"/> VIEW SANCTION - YOUR HOUSEHOLD'S ENTIRE TANF OR TANF - UP BENEFITS WILL BE SUSPENDED FOR THE ABOVE REASON. <input type="checkbox"/> 1 ST SANCTION - 1 MONTH OR COMPLIANCE <input type="checkbox"/> 2 ND SANCTION - 3 MONTHS AND COMPLIANCE <input type="checkbox"/> 3 RD SANCTION - 6 MONTHS AND COMPLIANCE YOU HAVE 10 DAYS AFTER THE DATE OF THIS NOTICE TO CONTACT YOUR VIEW WORKER TO SHOW DOCUMENTED GOOD CAUSE.					
VIEW WORKER'S NAME			TELEPHONE:		
<input type="checkbox"/> WHILE YOUR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PAYMENT IS SUSPENDED, ANY SUPPORT PAID TO THE DIVISION OF CHILD SUPPORT ENFORCEMENT FOR YOUR OR YOUR DEPENDENTS WILL BE KEPT BY THE STATE TO REPAY THE PAST TANF ASSISTANCE RECEIVED BY YOUR FAMILY. IF YOUR TANF DEBT HAS BEEN FULLY REPAYED, YOU WILL RECEIVE THE SUPPORT COLLECTED. <input type="checkbox"/> IF THERE IS SOMEONE WHO IS SUPPOSED TO PAY SUPPORT FOR YOU OR YOUR DEPENDENTS, YOU WILL CONTINUE TO RECEIVE SUPPORT ENFORCEMENT SERVICES UNLESS YOU SEND WRITTEN NOTICE THAT YOU DO NOT WANT THIS SERVICE TO THE DIVISION OF CHILD SUPPORT ENFORCEMENT. YOU CAN OBTAIN THEIR ADDRESS AND TELEPHONE NUMBER FROM YOUR LOCAL SOCIAL SERVICES AGENCY. <input type="checkbox"/> IF YOU RECEIVE A LUMP SUM PAYMENT IN THE MONTH ACTION IS TAKEN TO CLOSE YOUR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES CASE, YOU MUST REPORT RECEIPT OF LUMP SUM TO YOUR ELIGIBILITY WORKER.					

<input type="checkbox"/> MEDICAID OR STATE/LOCAL HOSPITALIZATION (SLH)			
<input type="checkbox"/> NO LONGER ELIGIBLE FOR FULL MEDICAID. APPROVED FOR LIMITED MEDICAID COVERAGE: QMB _____ SLMB _____ Qi1 _____			
<input type="checkbox"/> NO LONGER ELIGIBLE FOR MEDICAID <input type="checkbox"/> NO LONGER ELIGIBLE FOR PAYMENT OF LONG-TERM CARE BECAUSE OF TRANSFER OF ASSETS. <input type="checkbox"/> NO LONGER ELIGIBLE FOR SLH.			
EFFECTIVE DATE:	MANUAL REFERENCE:	ELIGIBILITY WORKER:	TELEPHONE:
INELIGIBLE FAMILY MEMBERS:			
REASON FOR PROPOSED ACTION:			
<input type="checkbox"/> INCOME EXCEEDS THE FULL MEDICAID LIMIT. IF MEDICAL OR DENTAL EXPENSES OF \$ _____ ARE INCURRED BETWEEN _____ AND _____ OR MEDICAL OR DENTAL EXPENSES OF \$ _____ ARE INCURRED BETWEEN _____ AND _____. BRING YOUR BILLS TO THIS AGENCY AND YOUR ELIGIBILITY WILL BE REVIEWED. <input type="checkbox"/> OTHER: _____			

IF YOU DISAGREE WITH THE PROPOSED ACTION, YOU MAY WRITE OR CALL YOUR WORKER AND ASK FOR A CONFERENCE, OR YOU MAY REQUEST IN WRITING A FAIR HEARING TO APPEAL THE ACTION. AT THE HEARING, YOU WILL HAVE A CHANCE TO EXPLAIN WHY YOU THINK WE MADE A MISTAKE AND A HEARING OFFICER OR APPROPRIATE AUTHORITY WILL DECIDE IF YOU ARE RIGHT.

IF YOU APPEAL THE PROPOSED ACTION ON YOUR FINANCIAL ASSISTANCE OR FOOD STAMP CASE BEFORE _____, ASSISTANCE MAY CONTINUE. IF YOU APPEAL THE PROPOSED ACTION ON YOUR MEDICAID OR SLH CASE BEFORE _____, ASSISTANCE MAY CONTINUE IF THE HEARING DECISION SUPPORTS THE ACTION BEING PROPOSED BY THE AGENCY. YOU MAY HAVE TO REPAY ASSISTANCE YOU RECEIVED DURING THE APPEAL PROCESS. YOU MAY WAIVE YOUR RIGHT TO CONTINUED ASSISTANCE BY SUBMITTING A WRITTEN STATEMENT TO YOUR ELIGIBILITY WORKER INDICATING YOUR DESIRE TO REFUSE SUCH ASSISTANCE. AN APPEAL CAN BE FILED FOR FINANCIAL ASSISTANCE FOR UP TO 30 DAYS AFTER RECEIPT OF THIS NOTICE AND FOR FOOD STAMPS FOR UP TO 90 DAYS. FOR MEDICAID, SLH, AN APPEAL CAN BE FILED FOR UP TO 30 DAYS AFTER RECEIPT OF THIS NOTICE IF THE PROPOSED ACTION IS EFFECTIVE WITHIN THE NEXT 30 DAYS. IF THE PROPOSED ACTION IS EFFECTIVE MORE THAN 30 DAYS FOLLOWING RECEIPT OF THIS NOTICE, AN APPEAL MAY BE FILED UNTIL THE EFFECTIVE DATE.

NOTE: FOR ADDITIONAL INFORMATION ABOUT APPEALS AND FAIR HEARINGS, REFER TO THE BACK OF THIS FORM.

APPEALS AND FAIR HEARINGS

Send written appeals to the addresses below. You may also file a food stamp appeal orally by calling your local agency or dialing toll free 1-800-552-3431.

Financial Assistance
and Food Stamp
appeals should be
sent to:

Hearings and Legal Services Manager
Virginia Department Of Social Services
730 East Broad Street
Richmond, VA 23219-1849

Medicaid and SLH
appeals should be
sent to:

Client Appeal Division
Department of Medical
Assistance Services
600 East Broad Street,
Suite 130
Richmond, VA 23219

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice, you may contact your local legal aid office.

A fair hearing provides you the opportunity to review the way a local agency social services agency has handled your stated need for money payments, Medicaid, SLH and/or food stamps. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearings officer is the official representative of the State Department of Social Services or the Department of Medical Assistance Services.

In addition to filing an appeal, you have the right to request a conference with your local social services agency, at which time the agency must give you an explanation of its proposed action. You must also be given the opportunity to present any information on which your disagreement with the agency's proposed action is based. At such a conference, you have the right to have your story presented by an authorized representative, such as a friend, relative or lawyer.

If you request the conference within 10 days of receipt of your Advance Notice of Proposed Action to decrease or terminate your services, money payments or food stamps, the proposed action will not be taken until a decision is made at your conference.

If you are not satisfied with the local social services agency's action following the conference, and you want to request that your money payments be continued as usual until a hearing decision is received, you must file an appeal within two days following the date of the conference. You must request the appeal within 10 days of the conference date for Food Stamps. If you do not request a conference but file your appeal within 10 days of your advance notice of proposed action to reduce, suspend, or terminate your services, money payments or food stamps, your benefits may be continued until a hearing decision is reached. If you appeal the proposed action on Medicaid prior to the effective termination date, you may also receive continued coverage. However, if the agency's action is upheld, you will be required to repay assistance received during the appeal process.

If you request an appeal concerning food stamps, the local social services agency must offer you a conference after your appeal is filed.

If you wish to request a hearing, follow the instructions on the front of this form.

The person who conducts the hearing is someone from the State Department of Social Services or the Department of Medical Assistance Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your service or eligibility worker immediately. If you need transportation, the local agency will provide it. You may bring a representative and/or witnesses to the hearing to help you tell your story. Your service or eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) Examine all documents and records which are used at the hearing;
- (2) Present your case or have it presented by a lawyer or by another authorized representative;
- (3) Bring witnesses;
- (4) Establish pertinent facts and advance arguments; and
- (5) Question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision of the hearings officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services. If the decision is based on a Medicaid or SLH appeal, you will be notified in writing within 90 days of the date your appeal is received by the Department of Medical Assistance Services.

4/03

VOLUME V, PART XXIV, PAGE 54

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

FOOD STAMP PROGRAM
NOTICE OF EXPIRATION

[]

TO:

FOOD STAMP CASE NUMBER
COUNTY/CITY
DEPARTMENT OF SOCIAL SERVICES
ADDRESS
CITY, STATE, ZIP
TELEPHONE NUMBER

[]

YOUR FOOD STAMP CERTIFICATION WILL END ON (MO. DAY.YR)
--

In order to receive uninterrupted benefits after your current certification ends, you must file a new application by _____ (Mo./Day/Yr.) and be found eligible based on the information given for this application. The application may be completed during the interview in our office. You may also request an application form to complete yourself or have it completed for you prior to your interview. The application must contain a name, address and signature. An interview in our office is required. (If this is impossible, please call and we will make special arrangements for you.) We can only begin processing your request for continued certification when you come in for your interview or we receive your application form. The application form may be filed in person, by mail, by fax, or by your authorized representative at the address given above or below. If you fail to come in for your interview or file an application by the specified date, you cannot be assured of continued participation without interruption.

We have arranged an appointment for an interview on _____ at the address above, unless an alternate address is listed below. If you miss this or any interview scheduled by the local social services agency for your food stamp application, it will be your responsibility to reschedule it. It will also be necessary for you to provide your eligibility worker with proof of your income and expenses and other information if requested in order to receive uninterrupted benefits.

If you do not agree with the action taken on your application, you have the right of appeal. If you decide to appeal, you must do so within ninety days after being informed of this department's decision. You may get an appeal form from this department or from the State Department of Social Services, 730 East Broad Street, Richmond, VA 23219-1849, or you may file your appeal by calling toll free 1-800-552-3431.

If all members of your household are now receiving Supplemental Security Income (SSI) or plan to apply for SSI, you may reapply for food stamps at the social security (SSA) office instead of filing your application at the local social services department. If you choose to do this, the social security office must also receive your application by the date indicated above. SSA will send the application on to the food stamp office for recertification processing.

The Virginia Department of Social Services is an equal opportunity provider.

YOUR CERTIFICATION PERIOD IS EXPIRING BECAUSE

ALTERNATE AGENCY ADDRESS:

SIGNATURE OF ELIGIBILITY WORKER	DATE	<input type="checkbox"/> MAILED <input type="checkbox"/> GIVEN
---------------------------------	------	---

032-12-157/13 (1/03)

CLIENT

NOTICE OF EXPIRATION

FORM NUMBER - 032-03-157 (Manual version 032-03-157)

PURPOSE OF FORM - To advise the household (1) that its certification period is about to expire; and (2) that a new application is necessary to establish further entitlement.

USE OF FORM - Households approved in the last month of their certification period, i.e., households certified retroactive to a previous month(s), must have the expiration notices at the time of certification. All other households are to receive their notices of expiration no later than the last day of the next to the last month of the current certification period, but not earlier than the first day of the next to the last month of the current certification period. When the agency mails the Notice of Expiration, allow two days for delivery in addition to the postmark date. **The Notice of Expiration will run on the 8th of the month. If the 8th is on a weekend or holiday, the Notice of Expiration will run on the last working day before the weekend or holiday.**

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The agency must give or mail the original Notice of Expiration to the head of the household. One (1) copy remains in the case file.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete all blanks.

Below the agency's address enter the date the certification period will end, which is the last day of the last month of certification, in the space provided. **Enter an alternate address for the agency at the bottom of the form, if appropriate.**

Enter the date by which the household must file an application for recertification. For households approved in the last month of their certification period, this will be 15 calendar days from the date the notice will be received. (Allow two days for mailing in addition to the postmark date.) For all other households, this will be the 15th calendar day of the last month of certification.

Indicate whether the form was mailed or gave the form to the recipient on the date indicated.

Enter information regarding an interview date and time.

The agency must not complete the section to notify households of reasons for ending the certification period.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
FOOD STAMP PROGRAM

FOOD STAMP BENEFIT TRACKING SHEET

NAME	SOCIAL SECURITY NUMBER
CASE NAME	CASE NUMBER

36 MONTH BENEFIT PERIOD _____ - _____
MMYY MMY

MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	MONTH 7	MONTH 8	MONTH 9	MONTH 10	MONTH 11	MONTH 12
STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS

MONTH 13	MONTH 14	MONTH 15	MONTH 16	MONTH 17	MONTH 18	MONTH 19	MONTH 20	MONTH 21	MONTH 22	MONTH 23	MONTH 24
STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS

MONTH 25	MONTH 26	MONTH 27	MONTH 28	MONTH 29	MONTH 30	MONTH 31	MONTH 32	MONTH 33	MONTH 34	MONTH 35	MONTH 36
STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS	STATUS

STATUS CODES

PM: Month with prorated benefits.
Y1: Benefit received (1st 3 months).
Y2: Benefit received (2nd 3 months) Must be consecutive.
RE: Regained Eligibility.
N : No benefit received.
E1: Exempt. Working at least 20 hrs/wk.
E2: Exempt. Participating in an approved work program.

E3: Exempt. Minor child in home
E4: Exempt. Pregnant
E5: Exempt. Medically certified as unable to work.
E6: Exempt. Meets a work registration exemption.
E7: Exempt. Locality exempted.
E8: Exempt. Age.

FOOD STAMP BENEFIT TRACKING SHEET

FORM NUMBER - 032-03-920

PURPOSE OF FORM - **The agency may use this form** to track participation in the Food Stamp Program of each household member between the ages of 18 and 50, in order to limit participation to three months within a 36-month period or to accurately record exemptions to the Work Requirement accurately.

USE OF FORM - To be completed by the EW at certification and when changes are processed. **If the agency elects to use the form, the** EW must update the form retrospectively to record changes in exemptions and participation.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form must be retained in the case record. The form or the information contained on the form must be shared with other Virginia localities when individuals move from one locality to another.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the individual member's name and case information at the top of the form. List the 36-month period beginning with the first month of participation. For each month, record a code for each month of participation.

4/03

VOLUME V, PART XXIV, PAGE 108

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

FIPS

ADAPT VERIFICATION FORM

Case Name:	ADAPT Case #: Legacy Case #:	Residence Verification:
Programs:	Application/Renewal Date:	Identity Verification:
Authorized Representative/Identity Verification:		Interview Date: Face to Face Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No If No. Reason:

1. Resources:**2. Vehicles:**

Per#	Type/Code	Verification	Per #	Identifier	Verification
					DMV <input type="checkbox"/> Match <input type="checkbox"/> No Match Date _____

3. Earned Income/Unearned Income:

Per#	Type/Code	Verification

VEC ☐ Match ☐ No Match Date _____ SVES ☐ Match ☐ No Match Date _____ APECS ☐ Match ☐ No Match Date _____**4. Shelter Expenses:****5. Day Care/Medical/Support Expenses:**

Per#	Type	Verification	Per #	Type	Verification

UTILITY STANDARD ☐ Y ☐ N ☐ 1-3 ☐ 4+PHONE STANDARD ☐ Y ☐ NHOMELESS STANDARD ☐ Y ☐ N

REASON FOR ENTITLEMENT TO STANDARD

4/03

VOLUME V, PART XXIV, PAGE 109

6. Divisionary Assistance Program

Documentation of Circumstances:	Amount/Type Emergency Verification
Remember: Enter Sanction Period (POI) in ADAPT	

7. Other (Check any items that require verification and document your verification in the space below)

<input type="checkbox"/> Deprivation <input type="checkbox"/> Living with Specified Relative <input type="checkbox"/> Immunizations <input type="checkbox"/> Truancy <input type="checkbox"/> Excluded Persons/Reason <input type="checkbox"/> FS Work Requirement Exemption <input type="checkbox"/> FSET/ESP/VIEW Registration or Participation <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Sanction/Penalty <input type="checkbox"/> Resource/Income Transfer <input type="checkbox"/> Disability/Aged <input type="checkbox"/> Health Insurance <input type="checkbox"/> HIPPA/Medical Questionnaire <input type="checkbox"/> Medicaid Assignment of Rights (Indicate Person(s) Ineligible) <input type="checkbox"/> Pregnancy/Conception Date Estimated Due Date <input type="checkbox"/> Other Specify: _____ _____	
---	--

8. Good Cause Claimed:

<input type="checkbox"/> DCSE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FAMIS Dropped Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation: _____ Good Cause: <input type="checkbox"/> Exists <input type="checkbox"/> Does Not Exist
---	---

IF ALL PROGRAMS APPLIED FOR ARE ON ADAPT, PLEASE GO TO PAGE 4.

4/03

VOLUME V, PART XXIV, PAGE 110

Evaluation of Eligibility**9. Programs:** ☐ Medicaid ☐ GR ☐ AG ☐ SLH ☐ TANF-EA ☐ RRP ☐ FAMIS**10. Case Number****11. Retroactive Medicaid Determination:**

	Retroactive Period From:	to:
	Service in past 3 months: <input type="checkbox"/> Y Date <input type="checkbox"/> N	

12. Institutional Status:

<input type="checkbox"/> NF	<input type="checkbox"/> CBC	<input type="checkbox"/> ACR/AFC	Date Entered	ACR/AFC Rate
DMAS-96	<input type="checkbox"/> Y	<input type="checkbox"/> N	SAR <input type="checkbox"/> Y <input type="checkbox"/> N	Community Spouse? <input type="checkbox"/> Y <input type="checkbox"/> N

13. Income:

Type	Countable Y/N	Calculations/Comments:	Amount
INCOME LIMIT:			TOTAL COUNTABLE INCOME:

14. Resources

Type	Countable Y/N	Calculations/Comments:	Amount
RESOURCE LIMIT:			TOTAL COUNTABLE INCOME:

15. Spend-down Calculation:

Period	Person(s)	Countable Income	Income Limit	Excess Income

16. Medicaid Covered Group:

--

17. State/Local Hospitalization:

Person(s)	Service Date(s)	Provider(s)	Applied within 30 days? Y/N

Period of Unemployment:		Applied for SSI? <input type="checkbox"/> Y	Date:	<input type="checkbox"/> N
SSI Decision Appealed? <input type="checkbox"/> Y <input type="checkbox"/> N		Release of SSI Check Signed? <input type="checkbox"/> Y	Date:	<input type="checkbox"/> N
<input type="checkbox"/> Full Standard	<input type="checkbox"/> Modified Standard	Reason for Modified Standard:		

Date and Reason for Emergency:

Assistance Previously Received: ☐ Y ☐ N Dates and Amounts Received:

Food Stamps	TANF	Medicaid	FA\MIS	TANF-EA/GR/AG//SLH/RRP
Certification Period: to				

EW Signature	Date	Supervisor Signature	Date

Program	Action Date	Effective Date	Reason for review, methods and dates of verification	Worker's Signature and Date (Supervisor's Signature/Date)

4/03

VOLUME V, PART XXIV, PAGE 114

13. **Income:** Enter the type of income, whether it is countable, any calculations/explanations, and the amount of countable income from each source. Enter the appropriate income limit and the total countable income.

14. **Resources:** Enter the type of resource, whether it is countable, any calculations/explanations, and the amount of each countable resource. Enter the appropriate resource limit and the total countable resources.

15. **Spend-down Calculation:** Complete, as appropriate.

16. **Medicaid Covered Group:** Complete as appropriate. Specify the covered group from Volume XIII, Chapter M03. If the applicant/recipient does not meet a covered group, document the basis for the decision.

17.-19 Complete as appropriate.

20. **Comments:** Enter any additional information pertinent to the case not stated elsewhere, including calculations, such as Medicaid budget units.

21. **Disposition:** Enter the disposition for applicable programs. Enter the certification period for the Food Stamp case.

22. **Signatures:** The Eligibility Worker must sign and date the form. If a supervisory review is done, the supervisor must sign and date the form also.

PARTIAL REVIEWS AND CHANGES - Complete, as appropriate, for changes that occur between renewals to determine the effect on eligibility.

3. Registrants must not be assigned to projects that require that they travel unreasonable distances from their homes or remain away from their homes overnight without their consent. A round trip in excess of two hours from the registrant's home to the work site is considered an unreasonable distance in any situation. The transportation time determined reasonable must be relative to the number of hours being worked in a day.

e. Worker's Compensation

For Worker's Compensation purposes only, the State Department of Social Services is considered the individual's employer. The State Department of Social Services provides coverage for all Work Experience participants for the hours of participation that are mandated. In the event that a claim must be filed, the following procedures will be followed:

1. The work site personnel must immediately complete the Employer's First Report of Accident form (VWC Form No. 3). The original and all copies must be clearly coded in the upper right-hand corner with *0765-000e, FSET WORK EXPERIENCE PARTICIPANT*. See Appendix II of this Part.
2. The work site must mail the original copy of the Employer's First Report of Accident form, all bills, and physician reports to:

**Commonwealth of Virginia
Workers' Compensation Commission
100 DMV Drive
Richmond, VA 23220**

www.vwc.state.va.us

3. The work site must send a copy of the accident report to the FSET Worker at the local agency.
4. Physicians should be instructed to submit their invoices and Attending Physician's Report directly to the claims office at the Division of Risk Management. All invoices must show the participant's/employee's social security number.

4. Education

This component provides educational programs or activities to improve basic skills or otherwise improve employability of participants.

The Education component qualifies as a work program for the purpose of maintaining food stamp eligibility for individuals whose benefits are time-limited (ABAWDS).

- a. Educational placements must be based on an assessment which indicates that placement is necessary to develop job readiness and that educational deficit seems the primary barrier to employment.
- b. Educational programs to which registrants can be assigned include, but are not limited to:
 1. Adult Basic Education;
 2. GED;
 3. Vocational Education;
 4. Community College Programs;
 5. Post-Secondary Education;
 6. Employment Training and Education Programs.
- c. Participation in an education program is limited to the amount of time generally allowed for the completion of the curriculum.
- d. During a registrant's participation in an education program, his/her progress must be monitored to ensure that satisfactory progress, as defined by the institution, is being made. This should coincide with the end of the institution's quarter or semester grading period. However, at a minimum, an evaluation may consist of documentation, such as a report card, showing the registrant's grade(s). Registrants not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.
- e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.
- f. The completion of an education assignment may be followed by two weeks of job search.

5. Training

This component provides training in a skill or trade that should improve the employability of participants and allow the participant to move directly into employment.

4/03

VOLUME V, PAGE 3

<u>SUBJECT</u>	<u>PART/CHAPTER/PAGE(S)</u>
Citizenship	VII.F,11
verification of	VII.F(3),13;III.A,2
Claims/Overissuances	
calculating claim amount	XVII.C,3-5
changes in household composition	XVII.I,11-12
delinquency	XVII.J,12
discharged through bankruptcy	XVII.P,17-18
establishing	XVII.D,5
general description	XVII.A,1
initiating collection	XVII.E,6-7
methods of collecting	XVII.F,7-10
offsetting restoration against	XVI.B(5),4
submission of payments	XVII.Q,18
terminating collection	XVII.K,12-13
types of claims	XVII.B,2
Collateral Contacts	III.A(3),8-9
Computation of Gross and Net Income	XIII.C,9-11
Contract Income	XII.F,18-21
Cooperation of Household	II.C,4-5
Day Care Providers	XII.A(7),6
Deductions	X.A,1-10
child support	X.A(6),9
dependent care	X.A(3),2
earned income	X.A(2),1
evaluating expenses that result in deductions	XIII.B,5-9
homeless shelter allowance	X.A(7),9-10
medical	X.A(5),7-9
shelter	X.A(4),2-7
standard	X.A(1),1
verification of	X.B,10-11
Dependent Care Expense	X.A(3),2
verification of	III.A(1),3
Destitute	
definition of	V.F,6-8
Disability	
definition of	Definitions
verification of	III.A(1),5-6

10/02

VOLUME V, PAGE 4

<u>SUBJECT</u>	<u>PART/CHAPTER/PAGE(S)</u>
Disaster Food Stamp Program	
application procedures	XX.L,11-15
assessment and evaluation	XX.E,4-5
eligibility requirements	XX.J,7-10
hearings and reviews	XX.N,17
reports	XX.U,20-21
USDA authorization	XX.G,5-6
Disclosing Information	I.H,6-7
Disqualified Persons	
allowable deductions	XII.E(3),17-18
income of	XII.E(2),16-17
eligibility/benefit level	XII.E(4),18
nonhousehold members	VI.C(2),9
resources of	XII.E(1),16
Documentation	III.C,11-12
Drug/Alcohol Treatment Centers	
authorized representatives	II.I(5),29
participation in Food Stamps	VII.C(1),2-3
residents of	VII.C(1),2-3
responsibilities of	VI.E,13
special requirements	VI.E,12
Earned Income	XI.C,2-6
deduction	X.A(2),1
Education Benefits	
definition of	XII.G,21-24
averaging income from	XII.G,23-24
Ethnic Codes	I.F,5
Excluded Income	XI.F,11-23
Expedited Services	
certification procedures	V.E,4-6
checklist	XXIV,40-41
entitlement to	V.A,1
identifying expedited households	V.B,1
migrants and seasonal farmworkers	V.A(2),1; V.F,6-8
processing standards	V.C,2-3
verification procedures	V.D,3-4
Expenses (See Deductions)	